

**NEW JERSEY SOCIETY OF INTERVENTIONAL PAIN PHYSICIANS**

(An Affiliate of the American Society of Interventional Pain Physicians)

26 Eastmans Road  
Parsippany, NJ 07054  
973-597-0938 fax 973-597-0241

**2013 Annual Membership Application/Dues Renewal Form**

**Our Mission**

To promote the development and practice of safe, high quality, cost-effective interventional pain management techniques for the diagnosis and treatment of pain and related disorders and to ensure patient success to these interventions in the State of New Jersey.

Name \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

NJ Medical License Number  
(or other professionally regulated license#) \_\_\_\_\_

**I hereby Join/ Renew:**

\_\_\_\_\_ **\$150.00 - ACTIVE MEMBERSHIP** (*Must be a Physician Specializing in Pain Management, Spinal Injections or Neural Blockade*)

\_\_\_\_\_ **\$150.00 - ASSOCIATE MEMBERSHIP** (*Non-Pain Management Physicians, Scientists, Nurses, Physicians Assistants, Nurse Practitioners, Administrators, Pharmacists, Physical Therapists, Psychologists who are associated with an active practice of Pain Management*)

\_\_\_\_\_ **NO FEE - FELLOWS, RESIDENTS & MEDICAL STUDENTS**

Please make check payable to: **NJSIPP**  
and mail to: **26 Eastmans Road**  
**Parsippany, NJ 07054**  
**ATTN: Linda Bartolo**