



SOCIETY FOR PEDIATRIC ANESTHESIA

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MEMBERSHIP APPLICATION

Last Name: _____ First Name: _____ MI: MD DO PhD CRNA Other

Mailing Address: _____ Billing Address: _____

City: _____ City: _____

State/Country: _____ Zip/Postal Code: _____ State/Country: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Email: _____

Date of Birth (mm/dd/yy): ____/____/____ Type of Practice: Private University Government Other

Hospital Affiliation: _____

Academic Degrees & Other Professional Certifications With Dates: _____

ABA #: _____

I Hereby Make Application For:

<input type="checkbox"/> Active Membership \$275 Physicians practicing in the US or Canada who have an interest in pediatric anesthesia, and are eligible to be members of the ASA, may vote and/or hold office.	<input type="checkbox"/> Affiliate Membership* \$275 Physicians not eligible to be members of the ASA, non-physicians with an interest in pediatric anesthesia. May not vote and/or hold office.			
<input type="checkbox"/> Active/ <input type="checkbox"/> Affiliate Joint Membership With CCAS\$375 Active and affiliate SPA members qualify for joint membership with the Congenital Cardiac Anesthesia Society.	<input type="checkbox"/> Fellow Membership\$100 Physicians performing post residency fellowship training. Fellow members will receive memberships with SPA, CCAS and SPPM. <input type="checkbox"/> Check if you are a fellow in pediatric anesthesia.			
<input type="checkbox"/> Active/ <input type="checkbox"/> Affiliate Joint Membership with SPPM\$375 Active and affiliate SPA members qualify for joint membership with the Society for Pediatric Pain Medicine. (Only SPPM Affiliate A members are eligible.*)	<input type="checkbox"/> Active/ <input type="checkbox"/> Affiliate Joint Membership with CCAS AND SPPM \$475 Active and affiliate SPA members qualify for joint membership with the Congenital Cardiac Anesthesia Society and Society for Pediatric Pain Medicine. (Only SPPM Affiliate A members are eligible.*)			
<input type="checkbox"/> SPPM (SPPM ONLY) Active B \$100 The SPPM Active B class of membership shall consist of physicians who practice or have an interest in pediatric pain medicine and are ineligible to be members of the American Society of Anesthesiologists; and psychologists, nurses, physical therapists and other non-physician providers who practice or have an interest in pediatric pain medicine. Any person classified as an SPPM Active B member shall have full SPPM voting privileges and shall be eligible for election to the Society's Board of Directors.	<input type="checkbox"/> CCAS Affiliate B Member OR <input type="checkbox"/> SPPM Affiliate B Member \$75 <i>(Choose only one)</i> Physicians practicing in the US and Canada who are ineligible to be active members of ASA and nonphysicians, who in each case have an interest in congenital heart disease, but are not practicing or interested in pediatric anesthesia and are ineligible for membership with SPA. Affiliate B members will be shown as "Affiliate Members" on the membership record of the CCAS or SPPM Sections but not on the membership record of SPA. Affiliate B members shall not be entitled to vote on any matters submitted to the membership of the Section for a vote.			
International Dues on Country*	Tier 1	Tier 2	Tier 3	Tier 4
<input type="checkbox"/> International Physicians	\$75	\$48	\$24	\$9
<input type="checkbox"/> Resident Membership\$50 Physicians in an approved residency training program. Resident membership requires endorsement by program director. Resident members will receive memberships with SPA, CCAS and SPPM.	Residency Location: _____ _____ _____			
Completion Date: _____	Signature of Program Director: _____			

*Members that are eligible for SPA Affiliate membership are also eligible for SPPM Affiliate A membership. For more information, visit www.pedsainmedicine.org.
*The tiered dues categories are based on the World Bank of Economies. Please refer to the SPA Website (<https://www.pedsanesthesia.org/international-membership-tiers/>) to determine your tier.

Payment Options:

Check or Money Order Enclosed (US Funds) Made Payable to: SPA.

AmEx Mastercard Visa Discover

Card No _____ CVV Code: _____ Exp. Date _____

Signature _____ Printed Name on Card _____

Credit Card Billing Address: _____ Credit Card Zip Code: _____

Group Billing – 10% Discount on Dues. Receive a 10% discount on member dues if you have 100% participation in the group billing program from your practice or institution. The Society will send one comprehensive renewal notice to include all the SPA members in your practice or institution. Contact Greg Leasure, Membership Manager, at greg@societyhq.com or 804-565-6305 to establish group billing for your member dues or to find out more about the 10% discount.