

Membership Application
MISSISSIPPI PAIN SOCIETY
A District of the Southern Pain Society

Name: _____ Degrees: _____
Title: _____ Specialties: _____
Address: (Work) _____ (Home) _____

Phone: (____) _____ Phone: (____) _____
Fax: _____ E-Mail: _____

Please send correspondence to (Circle One): Home Work E-Mail

Are you currently Licensed in Mississippi (Circle One) YES NO

Type of License(s): _____

DUES CATEGORIES:

MD/DO Voting Member.....	\$80.00
Non MD Voting Member... \$55.00	Student Member.....\$20.00
Individual Affiliate.....\$30.00	Corporate Membership.....\$500 up
Southern Pain Society...add \$60.00 (Mandatory for MPS Council members)	

Are you interested in serving on a Committee?

Awards Publicity/Web-page Scientific
 Membership Nominating Legislative/Economics
 Program By-Laws Finance
 Cancer Pain

PLEASE MAIL TO: Mississippi Pain Society, PO Box 7088, Jackson, MS 39282