



**International Spine Intervention Society**

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**ISIS International Membership Application**

(These items must be enclosed):

1. Curriculum Vitae
2. Letter of recommendation by a physician or member
3. Copy of your certificate by your Board of Specialties or information on your Board status
4. Payment (Visa/MC/AMEX or Check drawn on a US Bank or US Bank Draft ): \$150 International Member

<b>Payment</b>	Card number (Visa/MC/Amex)	Exp. Date	3 Digit Code
or check enclosed <input type="checkbox"/> check mailed <input type="checkbox"/>	Credit Card signature	Name on Card	Date of Birth
<b>General Info</b>	Last Name, First Name, Middle Initial		MD, PhD, DO etc.
<b>Mailing Address</b>	Street, City, State, Province, County, Etc	Postal Code	Country
	Is this your <input type="checkbox"/> Work or <input type="checkbox"/> Home address?		
<b>Phone</b>	Phone 1 (primary) <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell	Phone 2 <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell	Fax
<b>Email</b> (required)	Business Email <input type="checkbox"/> primary	Home Email <input type="checkbox"/> primary	URL (If applicable)
<b>Education Info</b>	Medical School		Date of Graduation
	Residency Hospital		Date of Completion
	Fellowship Training or Pain Board Completion	Specialty	Date of Completion
<b>Board Cert</b>	Board Name	Written:	Date of Completion
		Orals:	Date of Completion
<b>Training</b>	Currently performing spinal injections? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes – How long & what procedures? :	AMA Member? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you a member of any other society? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes – Please list:	
I affirm that the above information is true.  Signature		Today's Date	