



International Spine Intervention Society

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 Kentfield, CA 94904
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 isisfiles@msn.com

ISIS 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 the American Board of Specialties or information on your board status
4. Payment (Visa/MC/AMEX or Check):
 \$300 Active/Provisional
 \$100 Military
 \$50 Fellow/Resident

Payment	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	
General Info	Last Name, First Name, Middle Initial		MD, PhD, DO etc.
Mailing Address	Street, City, State		Zip
	Date of Birth		
	Is this your <input type="checkbox"/> Work or <input type="checkbox"/> Home address?		
Phone	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
Email (required)	Business Email <input type="checkbox"/> primary		Home Email <input type="checkbox"/> primary
			URL (If applicable)
Education Info	Medical School		Date of Graduation
	Residency Hospital		Date of Completion
	Fellowship Training or Pain Board Completion	Specialty	Date of Completion
Board Cert	Board Name		Written: Date of Completion
			Orals: Date of Completion
Training	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.			Today's Date
Signature			