



Official AASP Membership Application

The application process requires two simple steps.

1. Complete the information below
2. Fax it to Member Services at (847) 931-7975, or mail with payment to:

American Academy of Spine Physicians
1795 Grandstand Place, Elgin, IL 60123

Apply online at www.spinephysicians.org or call (847)-697-4660.

Your 12 Month Membership Includes the Following:

Brochure Library on CD, PowerPoint® Library on CD and 2 Free CE Courses per Membership Year

Please check the appropriate membership category

Member \$125 Per membership year Neurosurgeon Chiropractic Physician

Associate Member \$125 Per membership year M.D. D.O.

Please mark the appropriate box: Orthopedic Surgeon Radiologist Rheumatologist Physiatrist
 Osteopath Pain Management

Candidate Member \$35 Per membership year Student Resident Fellow

Membership will automatically renew one calendar year from the date of membership acceptance unless the AASP is specifically notified in writing by the member 30 days prior to their renewal date. Please address all correspondence to the AASP Office of Member Services. Membership dues are subject to change with prior notification.

ⓈFirst Name:	_____	MI:	_____	ⓈLast Name:	_____		
ⓈMailingAddress:	_____	ⓈCity:	_____	ⓈState:	_____	ⓈZip:	_____
ⓈOffice Phone:	_____	Fax:	_____	ⓈEmail:	_____		
Website Address:	_____	Alternate Contact Person (i.e. Office Manager):	_____				
CC Type:	_____	CC#:	_____	Name on Card:	_____	Exp Date:	_____
Billing Address:	_____						

I hereby make voluntary application to the American Academy of Spine Physicians (AASP). I understand and agree that in making application to, and/or being accepted as a member of the AASP, that I am a licensed healthcare professional and that my professional practice as such includes the evaluation and care of patients with spinal disorders.

I further agree that I will honor and comply with all local, state and federal laws and regulations which apply to me as a person and professional, and that I will conduct myself in a manner consistent with the highest level of professional ethics and in accordance with the ethical standards of the AASP as outlined in the AASP Documentation Library.

I affirm that the information I have provided to the AASP is true and accurate. I agree to function within the limits of my training, competence and professional license or certificate. I further understand and agree that the AASP and its affiliates assume no responsibility for any of my activities or actions.

Signature: _____ Date: _____