Cancer Pain Research Consortium

Membership Application (Please print clearly)

Date

Are you a previous member of CPRC? ☐ Yes ☐ No

Personal Information

Family/Surname

First

Middle Initial

Date of Birth / / (MM/DD/YYYY)

Gender ☐ Male ☐ Female

Primary Mailing Address ☐ Home ☐ Office

Street Address

Street Address

City

State/Province/District

Postal Code

Country

Phone

Cell/Mobile

Office

Home

Fax

By submitting this application for CPRC membership I affirm that all information submitted on or in support of this application is true, accurate and complete and that I am a professional in good standing with all applicable bodies (for medical professionals this includes holding a medical license that is valid and unencumbered in each state in which I am licensed). I agree to abide by the CPRC Bylaws. I understand 1) my application is subject to verification by the CPRC, and I release the CPRC from any claims, damages or liabilities related to or arising from the verification process; 2) my membership must be recommended by the Board of Trustees and approved by election of the CPRC voting membership; and 3) the CPRC may revoke my membership.

Signature

Date / / (MM/DD/YYYY)

Email

Primary Email Required - Must most match any other member's primary email

Secondary

Education

University/School Name

City, State, and Country

Degree Date / / (MM/DD/YYYY)

University/School Name 2

City, State, and Country

Degree 2 Date / / (MM/DD/YYYY)

Fellowship/Additional Training

University/School Name

City, State, and Country

Type of Study/Specialty

Start / / Finish / / (MM/DD/YYYY)

If you are currently a **full-time student**, you must provide the name and signature from your program director or submit a verification letter. Beginning and end dates **must** be included in this letter.

Print Program Director Name

Signature of Program Director

Application Fee (Application fee must be enclosed and is non-refundable)

☐ Full Member $250 (USD)

☐ Fellow/Postdoc $100 (USD)

☐ Resident/Intern $25 (USD)

Return completed applications with payment to:
Cancer Pain Research Consortium
6320 Delord St,
New Orleans, LA 70118

Make checks payable to:
Cancer Pain Research Consortium

Tax ID # 46-3290348