APPLICATION FOR MEMBERSHIP

IN THE SWISS PAIN SOCIETY

1. PERSONAL DATA

Mr.  Ms.  Titel:

First name:       Last name:

Date of birth:       Place of birth:

Address private:

Street:       Phone p.:

Zip Code:       Place:       eMail p.:

Address work place:

Street:       Phone w.:

Zip Code:       Place:       eMail w.:

2. EDUCATION

Profession:       Institute:

Examination in:       since when:

Academic degree:       FMH title:

3. CURRENT OCCUPATION

4. RELATION TO THE PAIN PROBLEM

Research:       IASP Member: Yes  No

Teaching:       SSIPM Member: Yes  No

Patient care:

5. POSSIBLE PUBLICATIONS IN THE FIELD OF PAIN

The applicant applies as a member of the Swiss Pain Society. He accepts that he will be published on a list on the website of the SPS. In case of an objection, the Board of the SPS is the highest and deciding authority. The decision of the SPS Board is final and cannot be appealed.

Place and Date       Signature

Requirements:

Application form  Letter of recommendation from a person who is already a SPS member

All documents must be submitted to the SPS Central Secretariat ([info@swisspainsociety.ch](mailto:info@swisspainsociety.ch)).