



Greater Philadelphia Pain Society
1130 Robin Road
Gladwyne, PA 19035-1008
Phone/Fax (610) 525-4777 (525-GPPS)

2008 Membership Application and Information Form

Please complete and mail or fax this form with your dues payment of \$65 to GPPS.

Full Name (please print) _____ Degree(s) _____

Institution _____

Preferred Mailing Address _____

City, State, Zip _____

Telephone _____ Fax _____

E-Mail _____

Specialty _____

Please indicate the GPPS committee(s) you would like to join:

Education Membership Newsletter

Please make checks payable to GPPS or use: _____ MasterCard _____ Visa _____ Amex

Credit card# _____ Exp. Date _____

Signature _____