

ASIPP-PAC Dues Form

American Society of Interventional Pain Physicians

The Voice of Interventional Pain Physicians Since 1998



Please type or print your information clearly

When completed, mail to: ASIPP-PAC, 81 Lakeview Drive, Paducah, KY 42001 or Fax: (270) 554-5394

ASIPP-PAC VOLUNTARY DUES. (Not tax deductible, personal checks or credit cards only)

I am committed to increasing awareness of the importance of Interventional Pain Management issues in the political process.

Federal law requires that our PAC make best efforts to obtain certain identifying information from contributors of more than \$200 and we need accurate contact information to keep you apprised of our advocacy effort. Except as required by law, we will not share any information obtained.

ASIPP MEMBER	
<input type="checkbox"/> Minimum Dues \$250	
<input type="checkbox"/> Other _____ <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500	
<input type="checkbox"/> Monthly: \$_____/month (\$_____/year total)	
NAME _____	
OCCUPATION _____	
ADDRESS _____	
CITY _____ STATE _____ ZIP _____	
PHONE _____ FAX _____	
EMPLOYER _____	
<input type="checkbox"/> CHECK (Enclosed, Payable to ASIPP-PAC) CHECK NUMBER _____	
<input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER	
CREDIT CARD NUMBER _____	EXPIRATION DATE _____
NAME ON CARD _____	SECURITY CODE _____
SIGNATURE _____	
This signature acknowledges that I have been made aware that my contribution represents my personal funds and is not a corporate check or credit card number.	

SPOUSE	
<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500	
<input type="checkbox"/> Monthly: \$_____/month (\$_____/year total) <input type="checkbox"/> Other \$_____	
NAME _____	
OCCUPATION _____	
ADDRESS _____	
CITY _____ STATE _____ ZIP _____	
PHONE _____ FAX _____	
EMPLOYER _____	
<input type="checkbox"/> CHECK (Enclosed, Payable to ASIPP-PAC) CHECK NUMBER _____	
<input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER	
CREDIT CARD NUMBER _____	EXPIRATION DATE _____
NAME ON CARD _____	SECURITY CODE _____
SIGNATURE _____	
This signature acknowledges that I have been made aware that my contribution represents my personal funds and is not a corporate check or credit card number.	

These are suggested amounts only, you are free to contribute any amount up to the \$5,000 maximum per individual (maximum applies to all combined PAC contributions, and \$10,000 per household [issued by separate check or credit card payment]). ASIPP-PAC will not favor or disadvantage anyone by reason of the contribution amount or decision not to contribute. All contributions to ASIPP-PAC are voluntary and will be used to support candidates for elective office selected by the ASIPP-PAC's Governing Committee. This solicitation is directed solely to non-corporate members of ASIPP. No corporate contributions, contributions from Federal government contractors, or contributions from foreign nationals (individuals who are non-US citizens and who have not been lawfully admitted to the US for permanent residence) may be accepted under Federal law. Contributions to the PAC are not deductible for income tax purposes. Contributions from individuals to the PAC may not be reimbursed.