



Society for Obstetric Anesthesia and Perinatology
 520 N. Northwest Highway, Park Ridge, IL 60068-2573
 Phone: (847) 825-5586 • Fax: (847) 825-5658
 E-mail: soap@ASAhq.org

Application for Membership

Please print or type. Please complete all sections.

I hereby make application for:

- Active Membership (M.D., D.O., M.B.B.S.)\$125.00
 Associate Membership (Physicians or scientists not engaged in administering clinical anesthesia, CRNA, AA)\$125.00
 Joint IARS/SOAP Membership including ANESTHESIA & ANALGESIA\$245.00
 Retired Membership \$40.00
 Resident/Fellow Membership* - Residency/Fellowship ends: month _____ year _____ \$40.00
 *If Resident Membership, need Program Director's signature: _____

Membership Amount \$ _____

Subscriptions: \$75.00 - A&A \$121.00 - IJOA \$75.00 - OAD

Subscription Amount \$ _____

Last Name _____ First _____ MI _____
 M.D. D.O. Ph.D. M.B.B.S. Other _____ Birth Year _____

University/Hospital _____

Preferred Mailing Address _____

City _____ State/Country _____ ZIP/Postal Code _____

Phone _____ Fax _____ E-mail _____

Specialty: Anesthesia OB Peds Other _____ Board Certification Yes No

Type of Practice: Academic Private, # of partners/colleagues _____ Other _____

Interest in OB Anesthesia (check all that apply): High Risk Pain Control OB Administrative
 Perinatology Education Other _____

I am also a member of: ASA AMA NASOM SMFM ACOG AAP Other _____

Donation to the Obstetric Anesthesia and Perinatology Endowment Fund (OAPEF) - this contribution is tax deductible.

Silver Level - \$50.00 Gold Level - \$100.00 Gertie Marx Patron Level - \$250.00

If you wish to donate another amount, please contact the SOAP office at (847) 825-5586.

Payment Options

Check or Money Order (made payable in U.S. dollars to the Society for Obstetric Anesthesia and Perinatology)

Visa MasterCard

Credit Card Number _____ Expiration Date _____ CVV Number (3 digit code located on the signature line on back of card) _____

Name on Card _____ Signature _____

OAPEF Donation \$ _____

TOTAL ENCLOSED \$ _____