

**Our Mission: *To advance and promote optimal nursing care for people affected by pain***

**Our Goals:**

**Access to Quality Care — All people will have access to healthcare services that provide quality pain management care.**

**Public Awareness — The public will demonstrate self-advocacy skills essential to their pain care needs**

**Professional Resources — members will have instant, easy and affordable access to current, best practices, evidence based resources**

**Education — All healthcare professionals and their patients will benefit from pain management education**

**Professional Recognition — Pain management nurses will be respected, valued, and compensated for their expertise as an integrated and indispensable member of the healthcare team**

**Your Corporate Membership to ASPMN  
includes:**

- **Annual Corporate Spotlight in *Pathways*, ASPMN's membership newsletter**
- **Recognition on our website, newsletter and at prominently at our national conference**
- **10% discount on one set of membership mailing labels annually**
- **Corporate Advertisement on our website**
- **Subscription to our Journal, *Pain Management Nursing* and *Pathways* newsletter**

**At our National Conference:**

- **Annual meeting with our Board of Directors at our National Conference**
- **Logo recognition throughout the conference location and exhibit hall**
- **One complimentary conference registration**
- **Full page ad in our final program**
- **Right of first refusal for symposia and exhibit space**



## Corporate Membership Application

**Annual Corporate Membership Dues – \$5,000/year  
January–December**

Company Name: \_\_\_\_\_

Company Representative Name: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (    ) \_\_\_\_\_ – \_\_\_\_\_ Fax #: (    ) \_\_\_\_\_ – \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Company Description/Products: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Method of Payment:  Check (US Funds only) *Made payable to ASPMN*

Visa  MasterCard  Discover  American Express

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Return to:

American Society for Pain Management Nursing

PO Box 15473

Lenexa, KS 66285-5473

Toll Free (888) 34-ASPMN ❖ ASPMN@goAMP.com ❖ FAX: 913/895-4652

AMERICAN SOCIETY FOR  
**Pain Management  
Nursing**

**View our many product offerings in our  
online store at [www.aspmn.org](http://www.aspmn.org)**

