



IARS

International Anesthesia Research Society

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Membership Application

PROFESSIONAL PROFILE

NAME _____ MD DO PhD CRNA Other _____

MAILING ADDRESS _____ Home Work

CITY _____ STATE/COUNTRY _____ POSTAL CODE _____

PHONE _____ Home Work Cell FAX _____

EMAIL _____

I received the degree/accreditation in the year _____ from _____
(Institution / Country)

RESIDENCY TRAINING LOCATION AND DATES (Required For Residents/Fellows/Students)

Training Program _____

Period beginning _____ / _____ / _____ Period ending _____ / _____ / _____

TYPE OF MEMBERSHIP

Full Member

Individuals licensed to practice in the medical, osteopathic, dental, or veterinary fields, and other health professionals in anesthesia-related practice. PhD's should be engaged in research closely related to anesthesiology. **Dues: \$140**

JOINT IARS / SCA MEMBER

Possession of a degree of Doctor of Medicine, Bachelor of Medicine, Doctor of Osteopathy, or other international equivalent; possession of a valid license to practice medicine. **Dues: \$210**

Resident / Fellow / Student Member

Physicians in training. **Dues: \$40**

IARS Associate Educational Member

Individuals in training in the allied health professions, including nurse anesthetists, respiratory therapists and physician assistants. **Dues: \$75**

Membership to Begin

January 1, 2010

Dues Category

- 1-year \$140 IARS Full Member
- 1-year \$210 Joint IARS/SCA Member
- 1-year \$40 Resident/Fellow/Student Member
- 1-year \$75 IARS Associate Educational Member

METHOD OF PAYMENT

Sign-up online – it's easy! Visit www.iars.org and select "Join IARS"

Please charge to: Visa MasterCard AMEX Discover Account # _____

Exp. Date: _____ Verification Code: _____ Signature _____ Date _____

Check payable to IARS (US funds) enclosed. Mail to: IARS • P.O. Box 7695 • San Francisco, CA 94120-7695

Additional contribution to support research \$ _____.

Membership includes a subscription to Anesthesia & Analgesia.

International Members receive the journal via air freight at no additional cost.