



## PSPN Membership Sign-Up Form

Please complete this form, include a check made out to Primary Spine Provider Network, LLC for the appropriate amount (see **Membership Page** for amounts) and mail to Primary Spine Provider Network 1687 English Rd., Rochester NY 14616.

For full time students include a photocopy of your student ID.

For international affiliates, please include a copy of driver's license or comparable ID as proof of address.

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

Professional Degree: \_\_\_\_\_

Organization: \_\_\_\_\_

Level of Membership Desired: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: (Apt #, P.O. box, etc.): \_\_\_\_\_

City: \_\_\_\_\_

State (or province for non-U.S. members): \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

e-Mail Address: \_\_\_\_\_