



MEMBERSHIP CONNECTS YOU WITH 35,000 PATIENTS

Signature Professional Membership \$2,000

Professional Membership \$350

- Recognition of support:
 - with photo and list of each individual physician within organization who is active in TN and related face pain treatment
 - in bi-annual emails to FPA Constituents
 - on social media
 - in the *FPA Quarterly Journal*
 - in Annual Report
 - Annual Certificate of Membership
- Annual Subscription to the FPA Quarterly Journal and discounted advertising rates
- Free Patient Educational Pamphlets

- Recognition of support:
 - on the FPA website with photograph and link to your site
 - in Annual Report
 - Annual Certificate of Membership
- Annual Subscription to the FPA Quarterly Journal
- Free Patient Educational Pamphlets

**Want to engage patients further?
Contact us for exclusive
sponsorship opportunities!**
800-923-3608

JOIN HERE or at facepain.org

Medical Professional Information

Name _____

Address _____

Telephone _____

Email _____

Payment

____ Credit card _____ Please bill me

____ Check made payable to the Facial Pain Association

____ Please automatically renew my membership upon expiration (12 months)

Credit Card Information

____ Visa ____ MC ____ AmEx ____ Discover

Card/Account # _____

Expiration _____ Amount _____

Name on Card _____

Billing Address _____

Signature _____

Please fill in a *Medical Professional Profile Form* and return via

mail or email with a head shot and a logo (if applicable).
An EPS or PDF vector logo preferred. JPEG is acceptable.

Facial Pain Association
22 SE Fifth Avenue, Suite D
Gainesville FL 32601
info@tna-support.org

Professional Member Information

Name _____

Title _____

Position _____

Address _____

Telephone _____ Fax _____

Email _____

Web Address _____

Clinical Background

Medical School _____

Internship _____

Residency _____

Fellowship(s) _____

Board Certification _____

Face Pain Treatments provided _____

Please mail or email the completed "Physician Profile Form", a head shot and logo, if applicable. For the logo an EPS or PDF vector image preferred. JPEG is acceptable.

Mail or email completed form and physician photo to:

Amy Turner
aturner@tna-support.org

22 SE Fifth Avenue, Suite D, Gainesville FL 32601
facepain.org

Questions please call
800-923-3608