

The Wisconsin Chapter
of ASPMN meets
monthly and includes
four educational
programs each year.



March 2009



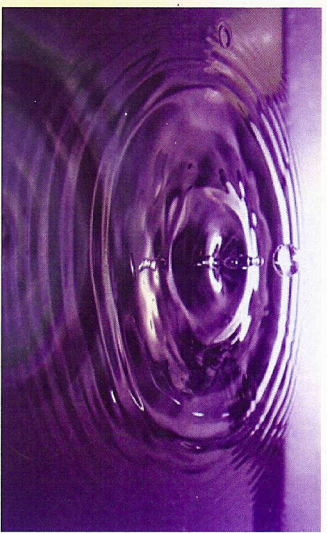
Place
Stamp
Here



P.O. Box 1056
Green Bay, WI 54305-1056
www.wiaspmn.org

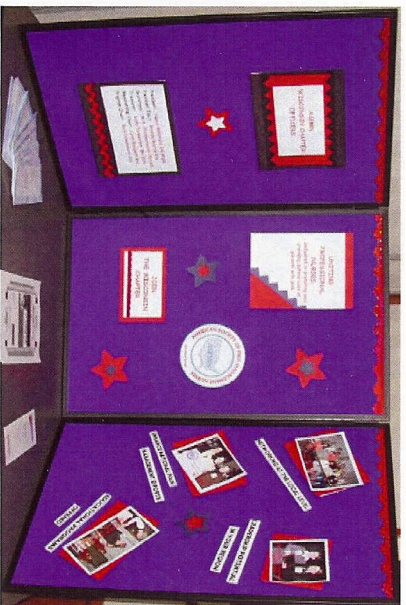
Membership
Application for
the Wisconsin
Chapter of the

AMERICAN SOCIETY FOR
**Pain Management
Nursing**



ASPMN WI Chapter

This chapter is a group of people dedicated to the purpose of alleviating pain and improving management skills for those we serve. This team is a cooperative effort among area hospitals, clinics, hospice, palliative care, home health care agencies, universities, support groups, long-term health care facilities, and interested community members. We strive to be a resource for pain management and pain information.



Networking

Networking with pain leaders from around the state. We encourage membership of non-nursing health care providers to give us a true multidisciplinary approach to pain management. Our chapter website has resources, links, calendars of events, and many other items for members.



Leadership

Opportunities to role model and grow into pain leadership positions within the organization. ASPMN coordinates an area Pain Resource Nurse Program with quarterly updates.



Membership Meetings/ Educational Programs

Four meetings with professional education programs a year. Free to ASPMN WI Chapter members and PRNs. Come learn about analgesics, pain management procedures, substance abuse, persistent and acute pain, new pain technologies, depression and pain, and many other topics.



Pain Management

Knowledge and resources available at every meeting from nurses, social workers, therapists, pharmacists, educators, and others. The Community Resource booklet for people with pain is updated periodically and available to our members to use with their patients.



ASPMN WI Chapter Membership Application

Mail registration form and dues to
ASPMN WI Chapter, LTD
P.O. Box 1056
Green Bay, WI 54305-1056

Name _____

Address _____

City/State/zip _____

Email _____

Home Phone () _____ - _____

Work Phone () _____ - _____

Place of Employment _____

Please enclose a check payable to ASPMN WI Chapter, Ltd. for the amount of \$20.



You must be a member of the national organization, ASPMN, to be a member of this chapter. You are welcome to attend a meeting as our guest before joining. Please contact Shirley Triest-Robertson at striest@sbeglobal.net for more information.

Visit the national website of ASPMN to get information on joining national.

www.aspmn.org/Organization/join.htm

We have more information about our local chapter at www.wiaspmn.org