

**PainCaP**

THE SOCIETY FOR  
PAIN CARE PROVIDERS

*Clinical Excellence in Pain Care*

Please mail or FAX the completed Membership Application form with credit card information or check made out to 'Health Roots Foundation/PainCap' for \$100.00US to:

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C/O Napa Pain Institute, Health Roots Foundation  
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FAX:(707) 258-2780  
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Attention: Denise Swartley

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

eMail: \_\_\_\_\_ Telephone: \_\_\_\_\_

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