



Wound Healing Society

<http://woundheal.org/>

Corporate Membership Application

Company Name: _____

Administrator Name: _____ Email: _____

Address: _____

City, State, Zip: _____ Country: _____

Phone: _____ Fax: _____

Designated Rep #1 Name: _____ Email: _____
(Silver/Gold/Platinum Membership)

Designated Rep #2 Name: _____ Email: _____
(Gold/Platinum Membership Only)

Designated Rep #3 Name: _____ Email: _____
(Gold/Platinum Membership Only)

Designated Rep #4 Name: _____ Email: _____
(Platinum Membership Only)

Designated Rep #5 Name: _____ Email: _____
(Platinum Membership Only)

Corporate Membership Categories

Silver Membership-\$1,000/yr Gold Membership-\$2,500/yr Platinum Membership-\$4,000/yr

Payment Information

TOTAL: \$ _____ - *Must be drawn in US dollars from a US bank*

Check Enclosed (payable to WHS) **or** MasterCard Visa American Express

Card Number: _____ Exp. Date: _____ Security Digits: _____

Name on Card: _____ Authorized Signature: _____

Address (if different from above) _____

Federal Tax ID # 54-1543698

Payment should be received as soon as possible so that your company can be listed on the WHS website. Corporate Membership is based on the calendar year of Jan. 1 - Dec. 31. Memberships that join mid-year will be prorated by quarter.

Send this form with payment to:
WHS – Corporate Membership
9650 Rockville Pike
Bethesda, MD 20814-3998
FAX: 301-634-7099