

**Application form
SPECIAL INTEREST GROUP**



Special Interest Group: _____

Chief Contact Person: _____

WHS membership ID: _____

Institution/Company: _____

City, State, Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Purpose of the Special Interest Group
(Background and rationale)

Mission Statement/Goal

Other Members of SIG:
(at least 4)

Planned Activities (include budget, if applicable)

Please submit this completed application with current program to the WHS Administrative office via upload from our Special Interest Group Webpage

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Fax: 301-634-7099
Email: whs@woundheal.org
Website: www.woundheal.org