



**Wound Healing Society**  
 9650 Rockville Pike  
 Bethesda, MD 20814-3998  
 301-634-7600 • FAX: 301-634-7099  
 Federal Tax ID # 54-1543698  
[www.woundheal.org/member@woundheal.org](http://www.woundheal.org/member@woundheal.org)

**RENEWAL FORM**

*Please PRINT all information.*

WHS membership is based on the calendar year of Jan. 1 - Dec. 31.  
 Dues must be received by March 1 to vote in the Spring election.  
*The mission of the Wound Healing Society is to advance the science and practice of wound healing.*

**To save time and for your convenience you can join online. Go to [www.woundheal.org](http://www.woundheal.org), Membership.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Company: \_\_\_\_\_ Dept: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Membership Categories**

- Active \$225.00:** Individuals in a recognized area of science or medicine, who have demonstrated a continued interest and accomplishment in the field of wound healing.
- Senior \$125.00:** Individuals who have attained the age of 65 years or are retired.
- Military or Government \$125.00:** Active members who are serving on active military service, employed full time with the US government.  
**Military & Government Membership Requirements:** In order to qualify for the Military or Government membership category, you must be an individual currently serving on active duty with any branch of the U.S. Armed Forces, U.S. Public Health Service or employed full time by any branch of the U.S. Government. Please provide the following: A business card or your title, organization and contact information on government stationery and an official memo or letter from a senior government official, commanding officer, executive or administrative officer or official indicating they are currently serving on active duty or otherwise in a full-time position with the U.S. government or a copy of your Identification.
- Student\* \$60.00:** Individuals still in training in a field related to wound healing, includes undergraduate, graduate, and medical students, post-doctoral fellows and surgical fellows. **Advisor Email:** \_\_\_\_\_  
 \*Students are required to provide Advisor Email so we can verify their student status.



**All members** receive online access to *Wound Repair and Regeneration* through the member's only section of our website.  
 Also, mail me a copy of the journal to the address listed above and if I reside outside the USA I am aware there are additional charges for postage.  
**Please indicate if you have additional postage charges:**  Canada and Mexico, add \$67.00  Other countries outside the U.S.A., add \$80.00

**Please consider making a voluntary donation to:** Anita Roberts Scholarship Fund \$ \_\_\_\_\_ Wound Healing Donations \$ \_\_\_\_\_  
 Wound Healing Society Foundation \$ \_\_\_\_\_

**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) \_\_\_\_\_

## Additional Information

*Please fill out the information below and leave blank when not applicable.*

### Permissions

- |  |  |
|--|--|
| <input type="checkbox"/> Do <b>NOT</b> include my information in rented postal mail lists. | <input type="checkbox"/> Do <b>NOT</b> include my information in printed membership directory. |
| <input type="checkbox"/> Do <b>NOT</b> include my information in rented email lists.       | <input type="checkbox"/> Do <b>NOT</b> include my information in online membership directory.  |

### Committees (Are you willing to serve on a committee? If so, which one(s)? *Do not check if already on a committee*)

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> Awards               | <input type="checkbox"/> Industrial Advisory | <input type="checkbox"/> Program |
| <input type="checkbox"/> Education            | <input type="checkbox"/> Membership          | <input type="checkbox"/> Website |
| <input type="checkbox"/> Government Relations | <input type="checkbox"/> Nominating          |                                  |

### Societies (Please indicate the Societies in which you are already a member)

- |                               |                                |                              |                                |                               |                               |                               |
|-------------------------------|--------------------------------|------------------------------|--------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> AAAS | <input type="checkbox"/> AAWM  | <input type="checkbox"/> AOA | <input type="checkbox"/> APMA  | <input type="checkbox"/> ASCB | <input type="checkbox"/> PSRC | <input type="checkbox"/> TESI |
| <input type="checkbox"/> AAD  | <input type="checkbox"/> ABA   | (Ortho)                      | <input type="checkbox"/> APS   | <input type="checkbox"/> ASPS | <input type="checkbox"/> SID  | <input type="checkbox"/> TMS  |
| <input type="checkbox"/> AAS  | <input type="checkbox"/> ACFAS | <input type="checkbox"/> AOA | <input type="checkbox"/> APWCA | <input type="checkbox"/> ETRS | <input type="checkbox"/> SLB  | <input type="checkbox"/> UHMS |
| <input type="checkbox"/> AAWC | <input type="checkbox"/> ACS   | (Osteo)                      | <input type="checkbox"/> ASA   | <input type="checkbox"/> FACS | <input type="checkbox"/> SUS  | <input type="checkbox"/> VWMS |

### Educational Degree (Check the *highest level*)

- |                                |                              |                                |                                |                                    |
|--------------------------------|------------------------------|--------------------------------|--------------------------------|------------------------------------|
| <input type="checkbox"/> AA/AS | <input type="checkbox"/> DDS | <input type="checkbox"/> DSC   | <input type="checkbox"/> MBA   | <input type="checkbox"/> Ph. D.    |
| <input type="checkbox"/> ARNP  | <input type="checkbox"/> DO  | <input type="checkbox"/> DVM   | <input type="checkbox"/> MD    | <input type="checkbox"/> Pharm. D. |
| <input type="checkbox"/> BA/BS | <input type="checkbox"/> DPM | <input type="checkbox"/> JD    | <input type="checkbox"/> MPH   | <input type="checkbox"/> RN        |
| <input type="checkbox"/> DC    | <input type="checkbox"/> DPT | <input type="checkbox"/> MA/MS | <input type="checkbox"/> OT/PT | Other: _____                       |

### Employment Setting (Check *all that apply*)

- |   |                                   |  |  |
|---|-----------------------------------|--|--|
| <input type="checkbox"/> Consulting         | <input type="checkbox"/> Hospital | <input type="checkbox"/> Outpatient Facility | <input type="checkbox"/> University/School |
| <input type="checkbox"/> Government         | <input type="checkbox"/> Industry | <input type="checkbox"/> Pharmacy/Supplier   | Other: _____                               |
| <input type="checkbox"/> Home Health System | <input type="checkbox"/> Military | <input type="checkbox"/> Private Practice    |  |

### Academic Rank

- |  |   |                                   |              |
|--|---|-----------------------------------|--------------|
| <input type="checkbox"/> Assistant Professor | <input type="checkbox"/> Instructor         | <input type="checkbox"/> Resident | Other: _____ |
| <input type="checkbox"/> Associate Professor | <input type="checkbox"/> Professor          | <input type="checkbox"/> Staff    |              |
| <input type="checkbox"/> Fellow              | <input type="checkbox"/> Research Associate | <input type="checkbox"/> Student  |              |

### Employment Type (Check *all that apply*)

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Administration      | <input type="checkbox"/> Lab Tech            | <input type="checkbox"/> Project Manager     | <input type="checkbox"/> University Faculty |
| <input type="checkbox"/> Direct Patient Care | <input type="checkbox"/> Medical Student     | <input type="checkbox"/> Regulatory          | Other: _____                                |
| <input type="checkbox"/> Graduate Student    | <input type="checkbox"/> Military Consultant | <input type="checkbox"/> Research Specialist |   |
| <input type="checkbox"/> Intern/Resident     | <input type="checkbox"/> Postdoctoral        | <input type="checkbox"/> Sales               |   |

### Areas of Research (Check *all that apply, will be used in online membership directory*)

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Acute Wounds                  | <input type="checkbox"/> Cytokines                  | <input type="checkbox"/> Hyperbaric          | <input type="checkbox"/> Proteases                |
| <input type="checkbox"/> Aging/Toxicology/Irritancy    | <input type="checkbox"/> Deep Tissue Trauma         | <input type="checkbox"/> Immunology          | <input type="checkbox"/> Quality of Life Analysis |
| <input type="checkbox"/> Angiogenesis/Antiangiogenesis | <input type="checkbox"/> Dermatology                | <input type="checkbox"/> Implants            | <input type="checkbox"/> Regeneration             |
| <input type="checkbox"/> Animal Models                 | <input type="checkbox"/> Extracellular Matrix       | <input type="checkbox"/> Infection           | <input type="checkbox"/> Scar                     |
| <input type="checkbox"/> Biochemistry                  | <input type="checkbox"/> Fibrosis/Adhesions         | <input type="checkbox"/> Microbiology        | Other: _____                                      |
| <input type="checkbox"/> Cell Biology                  | <input type="checkbox"/> Genetics                   | <input type="checkbox"/> Podiatry            |   |
| <input type="checkbox"/> Chronic Wounds                | <input type="checkbox"/> Health Economics/Education | <input type="checkbox"/> Product Development |   |
| <input type="checkbox"/> Clinical Research             |   |  |   |

### Clinical Specialty (Check the *one which is most applicable*)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Burns/Trauma Medicine | <input type="checkbox"/> Geriatric Medicine            | <input type="checkbox"/> Pathology        | <input type="checkbox"/> Veterinary Medicine |
| <input type="checkbox"/> Dentistry             | <input type="checkbox"/> Hyperbaric Medicine           | <input type="checkbox"/> Plastic Surgery  | <input type="checkbox"/> Wounds - General    |
| <input type="checkbox"/> Dermatology           | <input type="checkbox"/> Internal Medicine             | <input type="checkbox"/> Podiatry         | Other: _____                                 |
| <input type="checkbox"/> Family Practice       | <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgery          |  |
| <input type="checkbox"/> General Surgery       | <input type="checkbox"/> Occupational/Physical Therapy | <input type="checkbox"/> Vascular Surgery |  |

### How do you spend more than 50% of your time?

- |   |   |  |              |
|---|---|--|--------------|
| <input type="checkbox"/> Basic Science Research | <input type="checkbox"/> Clinical Application | <input type="checkbox"/> Industrial Research | Other: _____ |
|---|---|--|--------------|

### Reason for joining WHS?

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### How did you learn about WHS?

- |  |                                      |   |              |
|--|--------------------------------------|---|--------------|
| <input type="checkbox"/> On the Internet | <input type="checkbox"/> At an Event | <input type="checkbox"/> In a Publication | Other: _____ |
|--|--------------------------------------|---|--------------|

### Recommended By?

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