



Wound Healing Society
 500 Cummings Center, Suite 4400
 Beverly, MA 01915
 P: 978-927-8330
 F: 978-524-0461
 Federal Tax ID # 54-1543698

New Membership Application

Please PRINT all information.

WHS membership is based on the calendar year of Jan. 1 - Dec. 31.

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

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.

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

- | | | | |
|-------------------------------------------|-----------------------------------|--------------------------------|-----------------------------------------------|
| <input type="checkbox"/> ETRS | <input type="checkbox"/> ABA | <input type="checkbox"/> APTA | <input type="checkbox"/> EWMA |
| <input type="checkbox"/> JSWH | <input type="checkbox"/> ACFAS | <input type="checkbox"/> APWCA | <input type="checkbox"/> IRA |
| <input type="checkbox"/> AWTRS | <input type="checkbox"/> ACS | <input type="checkbox"/> ASA | <input type="checkbox"/> PSRC |
| <input type="checkbox"/> KWMS | <input type="checkbox"/> ADA | <input type="checkbox"/> ASIP | <input type="checkbox"/> NLN |
| <input type="checkbox"/> NAWCC | <input type="checkbox"/> AMA | <input type="checkbox"/> ASMB | <input type="checkbox"/> NPUAP |
| <input type="checkbox"/> Wounds Australia | <input type="checkbox"/> AMCICHAC | <input type="checkbox"/> ASPS | <input type="checkbox"/> Shock Society |
| <input type="checkbox"/> SID | <input type="checkbox"/> AMDA | <input type="checkbox"/> AVMA | <input type="checkbox"/> SLB |
| <input type="checkbox"/> AAWC | <input type="checkbox"/> ANA | <input type="checkbox"/> CAET | <input type="checkbox"/> UHMS |
| <input type="checkbox"/> AAD | <input type="checkbox"/> AOA | <input type="checkbox"/> CAWC | <input type="checkbox"/> Wound Care Institute |
| <input type="checkbox"/> AAS | <input type="checkbox"/> APIC | <input type="checkbox"/> CCTS | <input type="checkbox"/> WMAI |
| <input type="checkbox"/> AAWM | <input type="checkbox"/> APMA | <input type="checkbox"/> EPUAP | <input type="checkbox"/> WOCN |

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

- Burns/Trauma Medicine Dentistry Dermatology Family Practice General Surgery
- Geriatric Medicine Hyperbaric Medicine Internal Medicine Nursing Occupational/Physical Therapy
- Pathology Plastic Surgery Podiatry Surgery Vascular Surgery
- Veterinary Medicine Wounds - General