



# Membership Dues Renewal Invoice Form

To save time and for your convenience you can  
renew online with your credit card.

Go to [www.woundheal.org](http://www.woundheal.org), Membership, Renew Online.

Member Number: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Department: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*Please fill in information above and return this form to provide us with your most current information. If you have changes please log into the Members Only section of the [www.woundheal.org](http://www.woundheal.org) website. Use your member number to log in and update your online membership directory information.*

<b>2009 Active Membership Dues \$225.00</b>	<input type="checkbox"/>
<b>2009 US Military, Government Membership Dues \$125.00*</b>	<input type="checkbox"/>
<b>2009 Senior Membership Dues \$125.00*</b>	<input type="checkbox"/>
<b>2009 Student Membership Dues \$60.00*</b>	<input type="checkbox"/>
<i>*There are special requirements for these dues categories, please go online for complete descriptions.</i>	
<i>*I would like to access/receive Wound Repair and Regeneration: <input type="checkbox"/> Online <input type="checkbox"/> Mail</i>	
<i>(if left blank you will receive your journal via online method)</i>	
<b><u>Additional Postage charges for Wound Repair and Regeneration:</u></b>	
<i>Canada and Mexico add \$67.00</i>	<input type="checkbox"/>
<i>Other countries out of the U.S.A. add \$80.00</i>	<input type="checkbox"/>
<b>Voluntary Donation to Wound Healing Foundation:</b>	<b>\$ _____</b>
<b>Voluntary Donation to Anita Roberts Scholarship Fund:</b>	<b>\$ _____</b>
<b>Total Amount Enclosed: _____</b>	

**Please make check payable to Wound Healing Society and mail to:**

Wound Healing Society Membership  
341 North Maitland Avenue, Suite 130, Maitland, FL 32751  
Telephone: 407-647-8839 ● Fax: 407-629-2502 ● [member@woundheal.org](mailto:member@woundheal.org)  
Federal Tax ID # 54-1543698

*Dues are valid from January through December, regardless of the date payment is made.*

For credit card payments, complete the information below and fax to: 407-629-2502.

Please charge my credit card \$ \_\_\_\_\_  MasterCard  Visa  American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Digits: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

**Please return this invoice with your payment.**