



**Wound Healing Society**  
 Membership Department  
 341 N. Maitland Avenue, Suite 130  
 Maitland, FL 32751  
 407-647-8839 • FAX: 407-629-2502  
[www.woundheal.org](http://www.woundheal.org)/[member@woundheal.org](mailto:member@woundheal.org)

**New Membership Application**

*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 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

- Do **NOT** include my information in rented postal mail lists.  Do **NOT** include my information in printed membership directory.  
 Do **NOT** include my information in rented email lists.  Do **NOT** 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*)

- Awards  Government Relations  Program  
 Bylaws  Industrial Advisory  Publications  
 Education  Long Range Planning  Website  
 Finance  Membership

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

- AAAS  AAWC  ACFAS  APWCA  FACS  TESI  
 AAD  AAWM  AOA  ASA  SID  UHMS  
 AAS  ABA  APMA  ETRS  SLB

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

- AA/AS  DDS  DSC  MBA  Ph. D.  
 ARNP  DO  DVM  MD  Pharm. D.  
 BA/BS  DPM  JD  MPH  RN  
 DC  DPT  MA/MS  OT/PT  Other: \_\_\_\_\_

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

- Consulting  Industry  Private Practice  
 Government  Military  University/School  
 Home Health System  Outpatient Facility  Other: \_\_\_\_\_  
 Hospital  Pharmacy/Supplier

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

- Administration  Lab Tech  Project Manager  University Faculty  
 Direct Patient Care  Medical Student  Regulatory  Other: \_\_\_\_\_  
 Graduate Student  Military Consultant  Research Specialist  
 Intern/Resident  Postdoctoral  Sales

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

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

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

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

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

- Basic Science Research  Clinical Application  Industrial Research  Other: \_\_\_\_\_