



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

Get Involved Form

For WHS Members in Good Standing

Please PRINT all information and return form by fax.

The mission of the Wound Healing Society is to advance the science and practice of wound healing.

Name: _____

Phone: _____ Fax: _____

Email: _____

Members are the core of the Wound Healing Society. Get involved in YOUR society. Let us know the areas that interest you. Click on a committee you are interested in. You may also contact the Society Management Office at email address member@woundheal.org for more information.

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"/> Government Relations | <input type="checkbox"/> Program |
| <input type="checkbox"/> Bylaws | <input type="checkbox"/> Industrial Advisory | <input type="checkbox"/> Publications |
| <input type="checkbox"/> Education | <input type="checkbox"/> Long Range Planning | <input type="checkbox"/> Scientific Liaison |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Membership | <input type="checkbox"/> Website |

Employment Setting (Check all that apply)

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

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 | | | |

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