APWCA
AMERICAN PROFESSIONAL WOUND CARE ASSOCIATION

# MEMBERSHIP APPLICATION

## CONTACT INFORMATION

☐ Dr. ☐ Mr. ☐ Ms. ☐ Jr. ☐ Sr. ☐ III ☐ IV ☐ V

First Name | Middle Name | Last Name

Degree ☐ DO ☐ DPM ☐ LPN ☐ MD ☐ NP ☐ PA ☐ PharmD ☐ PhD ☐ PT ☐ RN ☐ Other _____

Title | Company | Address 1 | Address 2

City | State/Province | Zip/Postal Code | Country

Email | Work Phone | Mobile Phone | Fax

☐ No ☐ Yes

Wound Care Certified | Additional Degrees/Certifications *(i.e. PCWC, CWS, etc.)*

## CLINICAL SPECIALTY:

- ☐ Burns/Trauma Medicine
- ☐ Dermatology
- ☐ Family Practice
- ☐ Geriatric Medicine
- ☐ Hyperbaric Medicine
- ☐ Internal Medicine
- ☐ Nursing
- ☐ Occupational/Physical Therapy
- ☐ Pathology
- ☐ Pedorthic
- ☐ Plastic Surgery
- ☐ Podiatry
- ☐ Surgery – General
- ☐ Vascular Surgery
- ☐ Wounds – General
- ☐ Other _____

Are you willing to serve on a Committee? If yes, select preference(s):

☐ Education ☐ Marketing ☐ Membership ☐ Policy/Legislative ☐ Quality Measures ☐ Credentialing

## MEMBERSHIP LEVELS

| | 1 YEAR | 2 YEARS* |
|---|---|---|
| Physician Member | ☐ $195 | ☐ $390 |
| Non-Physician Member | ☐ $135 | ☐ $270 |
| Fellow/Student/Resident | ☐ $ 25 | ☐ $ 50 |
| Industry Member | ☐ $200 | ☐ $400 |
| Retired | ☐ $ 65 | ☐ $135 |

** Sign up now for a two year membership to receive a $25 Gift Card!*

## APWCA MEMBER CREDENTIAL:

- ☐ FAPWCA – Fellow of APWCA
  *(Physician with Wound Care Certification)*
- ☐ DAPWCA – Diplomate of APWCA
  *(Non-Physician with Wound Care Certification)*
- ☐ AAPWCA – Associate of APWCA
  *(Any Member without Wound Care Certification)*
- ☐ MAPWCA – Master of APWCA
  *(By Nomination Process Only)*

*These credentials may only be used upon approval of membership application and receipt of member certificate, and during active (paid) membership status.*

## PAYMENT INFORMATION

☐ Payment by Check
Payable to: APWCA, a 501(c)(6) nonprofit organization

☐ Payment by Credit Card
☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Card Number: _____

Exp. Date: _____

Security Code: _____

Cardholder Name: _____

Signature: _____