



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

Wound Care Certified? No Yes _____
Additional Degrees/Certifications (i.e. PCWC, CWS, etc.)

CLINICAL SPECIALTY

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Burns/Trauma Medicine | <input type="checkbox"/> Dermatology | <input type="checkbox"/> Family Practice | <input type="checkbox"/> Geriatric Medicine |
| <input type="checkbox"/> Hyperbaric Medicine | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Nursing | <input type="checkbox"/> Occupational/Physical Therapy |
| <input type="checkbox"/> Pathology | <input type="checkbox"/> Podiatric | <input type="checkbox"/> Plastic Surgery | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Surgery - General | <input type="checkbox"/> Vascular Surgery | <input type="checkbox"/> Wounds - General | <input type="checkbox"/> 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

- Physician Member \$195
- Non-Physician Member \$135
- Fellow/Student/Resident \$25
- Industry Member \$200
- Retired..... \$65

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: _____

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.