



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:

- | | | | |
|--|--|---|--|
| <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 2 YEARS*

Physician Member	<input type="checkbox"/> \$195	<input type="checkbox"/> \$390
Non-Physician Member	<input type="checkbox"/> \$135	<input type="checkbox"/> \$270
Fellow/Student/Resident	<input type="checkbox"/> \$ 25	<input type="checkbox"/> \$ 50
Industry Member	<input type="checkbox"/> \$200	<input type="checkbox"/> \$400

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

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 – Diplomat 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.