MEMBERSHIP APPLICATION

APWCA
AMERICAN PROFESSIONAL WOUND CARE ASSOCIATION

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 and 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

Physician Member	☐ $ 195 (USD)
Non-Physicians	☐ $ 135 (USD)
Fellow/Student/Resident*	☐ $ 65 (USD)
Industry Member	☐ $200 (USD)

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.

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: _____