VETERINARY WOUND MANAGEMENT SOCIETY

# Call For Dues

This application is: __renewal __first time application

I want my VWMS information sent to my: ☐ Home ☐ Office

Name_____ Degree_____

Clinic Name _____

Clinic or Business Address: _____

_____

City_____State_____Zip_____

Country _____

Business Phone: _____Business Fax: _____

Business Email: _____

Home Address: _____

Country _____

Home Phone: _____ Home Fax: _____

Home Email: _____

**Check all that apply**:

Degree/Title:

☐ Veterinarian ☐ Student ☐ Intern ☐ Resident
☐ Animal Health Technician ☐ Licensed Veterinary Technician
☐ Other _____

Field of Work:

☐ Small Animal ☐ Large Animal ☐ Mixed Animal ☐ Zoo or Exotic Animal
☐ Other _____

Type of Work:

☐ Private Practice ☐ Teaching ☐ Industry ☐ University Practice
☐ Research ☐ Emergency Practice ☐ Private Specialty Practice
☐ Other _____

Board Certification: ☐ Yes ☐ No If yes, what field? _____

***Membership is for a period of one year and dues are due by December 31 of each year for the upcoming year. Dues paid after March 1 will be assessed a $15 late fee. Membership will be terminated if dues are not paid by June 1 of that year.***

**Please check the box that applies:**

**Membership Dues**:

☐ Members in Continental North America $35.00
☐ Members Outside Continental North America $45.00

☐ Technicians in Continental North America $15.00
☐ Technicians Outside North America $20.00

**Prof/Grad Students, Interns, Residents:**

☐ In Continental North America $15.00
☐ Outside North America $20.00

**Please mail registration to:**
**Dr. Wayne Waguespack**
**Department of Clinical Sciences**
**College of Veterinary Medicine**
**1500 Wire Road**
**Auburn University, Alabama 36849-5525**
**Phone: 334-844-4490 Fax: 334-844-4368 Email: rww0001@auburn.edu**