



Membership Form

This application is: renewal first time application

I want my VWMS information sent to my: Home Office

Name _____ Degree(s) _____

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 _____
 Board Certification: If yes, what field? _____

Field of Work:

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

Type of Work:

- Private General Practice Emergency Practice Private Specialty Practice University Practice
 Research Teaching Industry
 Other _____

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 April 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 for Membership Dues:

Veterinarians:

- Members in Continental North America \$35.00
 Members Outside Continental North America \$45.00

Prof/Grad Students, Interns, Residents, Technicians:

- In Continental North America \$15.00
 Outside North America \$20.00

Please mail completed form and check (made out to Veterinary Wound Management Society) to:

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College of Veterinary Medicine
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Phone: 334-844-4490 Fax: 334-844-4368 Email: rww0001@auburn.edu