SHOCK SOCIETY MEMBERSHIP APPLICATION

Shock Society Membership Committee
26064 Capital Drive – Suite A
Daphne, Alabama 36526
PH: (251) 625-2205 FAX: (251) 625-4439
mschuerman@stratinc.com

Name: _____
First Middle Last

Department: _____

Institution: _____

Address: _____

City: _____ State/Country : _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Highest Degree: _____ Present Position: _____

Education and Academic Degrees: _____

Professional Experience: _____

_____

_____

Type of Membership (*check one*):

___ FULL MEMBER = Dues are $220 US dollars and includes a subscription to the journal, ***SHOCK***
Outside North America add $45 to cover international postage.

___ STUDENT MEMBER = Dues are $50 dollars without the Journal, or $170 US with the journal.
Outside North America add $45 to cover international postage for the journal.

- Application must be signed below by one Full Member in good standing:

Sponsor's Signature: _____ Date: _____

- Mail original and two (2) copies of this membership application to address listed above.
- Enclose original and two (2) copies of a brief CV showing relevant publications.
- For Student membership: certification of status as a student or postdoc (under 2 years) required. Renewable for up to 5 years.
- A check or credit card for annual dues payable to the Shock Society must accompany this application.
- Applicant's Signature: _____ Date: _____

To pay by credit card – *Complete information below*: – **VISA/MASTERCARD ONLY**

Credit Card Information: _____ VISA _____ MASTERCARD

Card Number: _____ Expiration Date: _____

Signature: _____