SHOCK SOCIETY MEMBERSHIP APPLICATION

Shock Society Membership Services 1300 Piccard Drive, Suite LL-14

Rockville, MD 20850 *Telephone:* (301) 634-7080 *Fax*: (301)990-9771

Email Shock@shocksociety.org
Web www.shocksociety.org



Name:		Middle	Last
Department:			
Institution:			
Address:			
City:	State/Country:		Zip:
Phone:	Fax: _		E-mail:
Highest Degree:		Present Posi	ition:
Education and Academic Degrees: _			
Professional Experience:			
Type of Membership (check one):			
Full Member: \$260.00			
Associate Member*: \$175.00)		
Post-Graduate Trainee Memb	per*: \$75.00		
Student Member*: \$50.00			
*Application must be signed below	v by one <u>Full Mer</u>	nber in good standin	g:
Sponsor's Signature:			Date:
 Mail membership application to ac Enclose a brief CV showing releva For Student membership: certifica Renewable for up to 5 years. A check or credit card for annual c 	ant publications. tion of status as a	a student or trainee re	
	Date:		
To pay by credit card – Complete i.			RCARD ONLY
Credit Card Information:	VISA	MASTERCA	RD
Card Number:			Expiration Date:
Signature:			