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: ____________________________________________
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 an online subscription to the journal, SHOCK

__ STUDENT MEMBER = Dues are $50 dollars without the Journal, or $170 US with the online journal, SHOCK

• Application must be signed below by one Full Member in good standing:
Sponsor’s Signature: __________________________________________ Date: _________________

• Mail membership application to address listed above.
• Enclose a brief CV showing relevant publications.
• For Student membership: certification of status as a student or trainee 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: __________________________________________