

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: _____