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: $260.00

___Associate Member*: $175.00

___Post-Graduate Trainee Member*: $75.00

___Student Member*: $50.00

*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: __________________________