



Wound
Ostomy and
Continence
Nurses
Society

Application for Corporate Membership

WOCN Society Corporate Membership is available to organizations that support the goals of the Society, provide products or services used in the area of wound, ostomy and continence, and are approved by the WOCN Society Board of Directors. This is a nonvoting membership extended to a single corporate-designated representative. Annual dues are \$1,500.

Organization _____ Date _____

Designated Representative _____

Title/Credentials _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____ Website _____

Submitted by _____ Title _____

DESCRIPTION – Please email us a 50-word description of your organization, to be used in WOCN Society publications and on the WOCN Society website at www.wocn.org to Pete Pomilio at ppomilio@ahint.com.

LOGO – Please also email a JPEG file or PDF version of your logo to be used in WOCN Society publications and on the WOCN Society website to Pete Pomilio at ppomilio@ahint.com.

PAYMENT METHODS (IN US FUNDS ONLY) \$1,500

MASTERCARD VISA AMERICAN EXPRESS CHECK Payable to WOCN Society

Account# _____ Exp Date _____

Signature _____ Cardholder's Name _____

PLEASE RETURN YOUR PAYMENT AND APPLICATION TO:

WOCN SOCIETY
15000 COMMERCE PARKWAY, SUITE C
MT. LAUREL, NJ 08054
FAX: 856/439-0525
EMAIL: WOCN_INFO@WOCN.ORG

***BULK SALES DISCOUNT
AVAILABLE FOR MEMBERS**