

Corporate Membership

Corporate Membership Application

PLEASE PRINT

DATE _____

COMPANY NAME _____

CONTACT PERSON _____

MAILING ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE NUMBER _____ FAX _____

E-MAIL ADDRESS _____

Choice of Membership Levels

Please indicate your preferred option:

Description	Amount
<input type="checkbox"/> Annual Corporate Membership Dues – Full member	\$1,795.00
<input type="checkbox"/> Annual Corporate Membership Dues – Introductory member	\$975.00
	13% HST
	Total <input type="text"/>

Method of Payment

Visa MasterCard Cheque (Make cheques payable to: **The Canadian Association of Wound Care**)

CREDIT CARD NO. _____ EXPIRY DATE _____

CARDHOLDER NAME _____

SIGNATURE (REQUIRED) _____ DATE (REQUIRED) _____

Complete this form and return it with a cheque for the total fee to:

Wounds Canada
P.O. Box 35569, York Mills Plaza
North York, ON M2L 2Y4

Phone: 416-485-2292
Fax: 1-888-710-2289
E-mail: info@woundscanada.ca