



Become a Member Today!



Online Publications

Your membership includes access to **Wound Care Canada** magazine and the **Diabetic Foot Canada e-Journal**. *Wound Care Canada* is Canada's only publication devoted entirely to wound care, addressing the needs of clinicians, patients, caregivers and industry. Available exclusively online, with an all-new look! And *Diabetic Foot Canada e-Journal* is a peer-vetted journal aimed at health-care professionals across Canada, also available exclusively online.

Let Your Voice be Heard

Members may apply to sit on the CAWC Board of Directors. The Board of Directors is responsible for financial oversight, provides policy guidance to the Executive Director, and directs and supports the mandate and vision of the CAWC.

Wound Care Resources

The CAWC is pleased to offer member discounts on tools and resources that add value to your wound care practice, including:

- Product Picker Dressing Selection Poster
- Wound Assessment Pocket Guide
- Sensory Testing Monofilaments
- Bates-Jensen Wound Assessment Tool DVD
- Chronic Wound Care Clinical Source Book
- *and much more!*

Professional Education

CAWC members receive exclusive discounts on professional education events, including:

- Annual Wound Care Conference.
The 2014 conference will be held from October 30 to November 2, 2014, at the Westin Harbour Castle Hotel in Toronto, Ontario.
- Learning Series educational workshops offered in cities across Canada. **Attend the next event in Toronto on December 6, 2013:**
 - Level 1 – Basic wound management (now being offered exclusively online)
 - Level 2 – Hands-on practice of wound care skills
 - Level 3 – Pressure ulcer and diabetic foot ulcer awareness and prevention

CAWC Membership Application

FIRST NAME:	LAST NAME:	
COMPANY/HOSPITAL:		
HOME ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
PHONE (WORK):	(HOME):	
E-MAIL (MANDATORY):		

☐ NEW MEMBERSHIP ☐ MEMBERSHIP RENEWAL

Membership Category: (please check one box)

- ☐ Membership (\$100.00 + \$13.00 HST = \$113.00)
- ☐ Student / Retiree/Patient/Lay Caregiver (\$75 + \$9.75 HST = \$84.75)

Method of Payment: ☐ Cheque ☐ Visa ☐ MasterCard

CREDIT CARD NUMBER:	EXPIRATION DATE (MM/YY):
NAME OF CARDHOLDER:	
SIGNATURE:	

Please mail completed application form and payment to: 920 Yonge Street, Suite 608, Toronto, ON M4W 3C7