



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 or small business designated representative.

Primary Contact Name Primary Contact Email

Organization Name Website

Address

City State Zip

Phone Fax

Company Product Designation – Please check all categories that that apply to your business.

- Wound Ostomy Continence Other

Company Description and Logo – Please email a short description of your organization as well as your company’s logo (as a JPEG file), to be used in WOCN publications and on the WOCN website at www.wocn.org to Megan Grant at mgrant@wocn.org

Payment Methods (in US Funds Only)

- \$1,500 Regular Corporate Membership**
 ***\$800 Non Profit/Small Business Corporate Membership**

* Organization must have nonprofit status or business under 100 employees. Membership at this level limits discount for booth space at WOCN Society Annual Conference to one 10x10 space.

- MasterCard Visa American Express Check Payable to WOCN Society

Account # Exp. Date

Signature Cardholder’s Name Date

Please return payment and application to:

WOCN Society
1120 Route 73
Mount Laurel, NJ 08054

or

Fax: 856-439-0525