



# WOCN<sup>®</sup> Society Member Application

## ◆ Name and Home Contact Information *(Required)*

First Name	Last Name	Birthday (optional)	
Email Address (this will be your username)		Password	
Home Address (required)			
City	State or Province	Zip	Country
Phone	Fax		

## ◆ Business Address and Contact Information

Business Name			
Business Address			
City	State or Province	Zip	Country
Phone	Fax	Email	

## ◆ Membership Type (For a full description of all member types, please visit [www.wocn.org](http://www.wocn.org))

- |  |                           |
|--|---------------------------|
| ◆ Full <i>(must be a WOC nurse)</i> . . . . . \$170                            | ◆ Retired . . . . . \$65  |
| ◆ Allied <i>(open to all other non-WOC nursing professionals)</i> . . . . \$75 | ◆ Student* . . . . . \$65 |

\* For full-time students who are studying to become a registered nurse (includes those pursuing an Associate Degree, Bachelor of Science Degree, or Diploma Program) or those attending an accredited WOC Nursing Educational Program (WOCNEP). Please provide the name, city, and state of the school you are attending in the space below. Student membership valid for one year only, per individual.

School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

I would like to make the following contribution:  
WOCN Scholarship Foundation \$ \_\_\_\_\_

*Deductibility of Contribution: Consult your tax adviser for information about the deductibility of membership fees and contributions.*

Please specify which Region or Affiliate you would like to belong to: \_\_\_\_\_  
(for Region or Affiliate map visit [www.wocn.org](http://www.wocn.org)) *A small portion of your dues will be allocated to the selected Region or Affiliate.*

**Form of payment (in U.S. funds only)**

Check (payable to Wound, Ostomy, and Continence Nurses Society)

MasterCard    VISA    AMEX

Acct. # \_\_\_\_\_ Exp. date \_\_\_\_\_

Signature \_\_\_\_\_

*I authorize the WOCN Society to charge the above-listed credit card an amount reasonably deemed by the WOCN Society to be accurate and appropriate.*

Total Dues \$ \_\_\_\_\_  
Contribution Amount \$ \_\_\_\_\_  
**TOTAL \$ \_\_\_\_\_**

**Tax ID#: 25-1251887**

over please ⇨



# Member Profile

**Gender**     Female     Male

**Age Range**     21-35     36-45     46-55     56-75     76 and up

**Certifications** *(check all that apply)*

CWOCN     CWCN     COCN     CCCN     CWON     CWOCN-AP     CWCN-AP  
 COCN-AP     CCCN-AP     CWON-AP     CNS     CFCN     ANP-BC     FNP-BC  
 PNP-BC     CWS     CWCA     WCC     None     Other \_\_\_\_\_

**Education Levels** *(check all that apply)*

ADN     BS     BSN     MS     ANP     None  
 PNP     PhD     DNP     MSN     FNP     Other \_\_\_\_\_

**Areas of Practice** *(check all that apply)*

Continence     Incontinence: Behavioral Therapy     Incontinence  
 Incontinence: Skin Care/Containment     Ostomy     Wound/Skin  
 Foot and Nail Care     None     Other \_\_\_\_\_

**Patient Populations** *(check all that apply)*

Adult     Geriatrics     Pediatrics     Bariatrics     None     Other \_\_\_\_\_

**Employment Setting** *(check all that apply)*

Home Health Care     Hospital-Acute Care     Hospital-Long Term Acute Care  
 Industry     Nursing Home     Out-Patient Clinic  
 Pharmacy     Physician Office     None  
 University/School     Hospice     Other \_\_\_\_\_  
 Private Practice

**Role Functions** *(check all that apply)*

Direct Patient Care     Staff Development     Research     Consultation  
 Administration/Supervision     Education     None     Other \_\_\_\_\_

**Licensure** *(check all that apply)*

RN     APRN     LPN/LVN     MD     RPT     None     Other \_\_\_\_\_

**Memberships to Other Organizations** *(check all that apply)*

ANA     Sigma Theta Tau     Oncology Nurses     NAWC     None  
 CAET     SUNA     DNA     WCET     Other \_\_\_\_\_

**Would you like to be included in our Nurse Referral Database?**

Yes     No

**Would you like to be included in our Preceptor Database?**

Yes     No

Please return your application and payment to the WOCN Society:  
**WOCN Society • 1120 Route 73, Suite 200 • Mt. Laurel, NJ 08054**  
Fax: (856) 439-0525 • www.wocn.org