## SHOCK SOCIETY MEMBERSHIP APPLICATION

Shock Society Membership Services 9650 Rockville Pike, Bethesda, MD 20814

**Telephone:** (301) 634-7080 **Fax**: (301)634-7099

Email Membership@shocksociety.org

Web www.shocksociety.org



Name:	Middle	Last
Department:		
Institution:		
Address:		
City:	State/Country :	Zip:
Phone:	_ Fax:	E-mail:
Highest Degree:	Present Position	on:
Education and Academic Degrees:		
Professional Experience:		
Type of Membership (check one):		
FULL MEMBER = Dues are \$220 US dollars and includes a subscription to the journal, <i>SHOCK</i>		
Outside Nor	th America add \$45 to cover inte	ernational postage.
STUDENT MEMBER = Dues are \$50 Outside Nor		\$170 US with the journal.  ernational postage for the journal.
• Application must be signed below by one	e <u>Full Member</u> in good standing:	
Sponsor's Signature:		Date:
• Mail membership application to address		
<ul><li> Enclose a brief CV showing relevant put</li><li> For Student membership: certification of</li></ul>		quired.
Renewable for up to 5 years.  • A check or credit card for annual dues pa	ayable to the Shock Society must	t accompany this application.
Applicant's Signature:		Date:
To pay by credit card - Complete information	ation below: - VISA/MASTER	CARD ONLY
Credit Card Information: VI	ISAMASTERCAR	D
Card Number:	F	Expiration Date:
Signature:		