

## Membership Application Form



# Annual Membership

### Eligibility Criteria:

Matriculated Residents / Students and Providers, please include a proof of credentialing.

### Practice & Practitioner Membership benefits include:

**Access to P&P members-only scholarships**

**Access to the Shockwave Society of North America products and promotions**

**Opportunity to schedule clinical shockwave cognitive / psychomotor staff training**

**Access to educational treatment methods via SMSNA iPad app (Available Fall 2018)**

**Participate in global health research opportunities**

**Mentoring on research and publishing in shockwave health**

**Business listing on website**

**Project management and medical case review assistance**

New members announcement in SWSNA newsletter and on the SWSNA website

Opportunities to network with other allied members

Opportunities for professional development, leadership roles, and community education

Invitation to various local, regional, and national health conferences

Login access to members only section of our website

Monthly newsletter

Membership certificate

Training certificate (upon course completion)

### Professional (and Current Residents) Membership benefits include:

**Access to P&P members-only scholarships**

**Participate in global health research opportunities**

**Mentoring on research and publishing in shockwave health**

**Access to the educational treatment methods via SMSNA iPad app (Available Fall 2018)**

New members announcement in SWSNA newsletter and on the SWSNA website

Opportunities to network with other allied members

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Invitation to various local, regional, and national health conferences

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Monthly newsletter

Membership certificate

Training certificate (upon course completion)

### Allied Membership benefits include:

**Mentoring on research and publishing in shockwave health**

New members announcement in SWSNA newsletter and on the SWSNA website

Opportunities to network with other allied members

Opportunities for professional development, leadership roles, and community education

Invitation to various local, regional, and national health conferences

Login access to members only section of our website

Monthly newsletter

Membership certificate

# How to Join

All you have to do is complete our Membership Application Form!

You can find this form on our website:

<https://www.swsmna.org>

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Website (optional): \_\_\_\_\_

Please tell us a little about yourself:

Who are you?	<input type="checkbox"/> Student <input type="checkbox"/> Medical Resident <input type="checkbox"/> Shockwave Clinic
Which university/organization are you associated with?	
If a student, what is your major?	
If a student, which program are you in?	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Post-doctorate

Please tell us a little about your medical practice (If applicable)

Practice Class	<input type="checkbox"/> Provider <input type="checkbox"/> Medical Clinic/Group <input type="checkbox"/> Physio Clinic / Group
Clinic / Group Name <u>or</u> NPI	

If you are a Provider/Resident interested in contributing to one of the SWSNA committees, please tick appropriate box:

Medical Advisory Board  Tele-meetings  Research & Development  CEU Sponsorship

## ANNUAL MEMBERSHIP FEE

\$1700.00 Practice & Practitioner memberships/subscriptions

\$799.00 Professional memberships/subscriptions

\$199.00 Allied & Student memberships/subscriptions

## PAYMENT METHODS

Check (Send with application)

Credit/Debit Card

Wire Transfer

Please complete this form & return to:

Shock Wave Society of North America, Ilc., [shockwavesociety@gmail.com](mailto:shockwavesociety@gmail.com)

818 22<sup>nd</sup> Avenue NW

New Brighton, MN 55112

# Membership Responsibilities

As a member, your responsibilities are:

- To maintain professional conduct by treating fellow members and our guests with respect
- To help maintain a positive, friendly environment necessary for all members to learn and grow
- To be an ambassador for the SWSNA and an advocate for ethical SW therapy
- To maintain confidentiality of all proprietary, trademarked, and password protected content
- To recruit new members for the organization
- To pay membership dues annually (First week of September)

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Signature

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Date