



Wilderness Medical Society Student Interest Group (WMS SIG) Registration Checklist

	Action Items:
	Complete the SIG Information Form.
	Complete WMS Student membership forms (one for each member).
	Collect dues payments from each WMS member. (Dues fees: \$50 annually or \$175 for four years, checks payable to: Wilderness Medical Society)
	<p>All documents and checks should be sent to the Wilderness Medical Society office at the following address:</p> <p>Wilderness Medical Society 2150 E 1300 S, Suite 500 Salt Lake City, Utah 84106 (801) 990-2988 (801) 990-2987 (Fax)</p>
	<p>Important Points:</p> <ul style="list-style-type: none"> • “Active” SIG status is not attained until at least 1 dues-paying member is registered with the WMS office. Not all members of an active SIG are required to pay dues to the WMS, but every SIG member is encouraged to join the national society in order to receive all membership benefits – see www.wms.org/join/benefits.asp for details. • At least 6 weeks of processing time is required after receipt of your application. • Regardless of original registration date, the deadline for annual renewal remains November 1st of each year.



Student Interest Group Information Form

Institution: _____

Academic Year: _____

SIG Leader:
(POC for all correspondence and WMS Magazine)

Alternate SIG Point of Contact:

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

E-mail: _____

E-mail: _____

Note: SIG Leader name and email address will be posted on the WMS SIG Website

Faculty Advisor:

Dean of Students Office

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

E-mail: _____

E-mail: _____

Address for general correspondence:

- SIG Leader
- Faculty Advisor
- Other (preferably a university mail box for the SIG)

Please send forms to:

Wilderness Medical Society
 2150 E 1300 S, Suite 500
 Salt Lake City, Utah 84106
 (801) 990-2988
 (801) 990-2987 (Fax)



WMS Student Membership Form

This form is for individuals who wish to become members of the Wilderness Medical Society. For a school's SIG to be considered Active, at least one student must be a paying member of the WMS.

Student Information:

Name: _____

Address: _____

Country: _____

Telephone: _____

E-mail: _____

School name: _____

In addition to the above contact information, please provide the following:

- Dues payment of **\$50 per year or \$175 for four years** (Checks payable to the Wilderness Medical Society)

Please send this form and dues payment to the following address:

Wilderness Medical Society
2150 E 1300 S, Suite 500
Salt Lake City, Utah 84106
(801) 990-2988
(801) 990-2987 (Fax)