



Undersea & Hyperbaric Medical Society

Application for CORPORATE Membership

21 W Colony Place, Suite 280
Durham, NC 27750
U.S.A.

Phone 1-877-533-UHMS (8467) / (919) 490-5140
Fax (919) 490-5149
Email: uhms@uhms.org

Thank you for your interest in joining the Undersea & Hyperbaric Medical Society. Our membership is committed to research, sound treatment, and education in the fields of diving medicine and hyperbaric oxygen therapy. UHMS Corporate Members include a variety of international and US corporations, associations, health care facilities, foundations or partnerships in the field of diving and hyperbaric medicine. Publications included in this membership are: *Undersea and Hyperbaric Medicine Journal* and our newsletter, *Pressure* (available online – on our members only site). Also, you will receive discounts on all UHMS meetings, publications and free classified ads on the web and in *Pressure* (a small fee maybe requested for other types of ads), UHMS will email classified ads or announcements/press releases to all UHMS members at no charge. So that we can best serve all our members, please complete the information below as completely as possible.

Please choose a Corporate membership level:

Level	Dues	Qualifications
BRONZE	\$1,000	A Corporate Member contributing the basic amount annually shall be designated as a Bronze Corporate Member, and may appoint two (2) persons as Corporate Affiliate Member Representatives.
GOLD	\$1,500	A Corporate Member contributing one and one half times the basic amount annually shall be designated as a Gold Corporate Member, and may appoint three (3) persons as Corporate Affiliate Member Representatives.
PLATIUM	\$2,000	A Corporate Member contributing double the basic amount (or more) annually shall be designated as a Platinum Corporate Member, and may appoint four (4) persons as Corporate Affiliate Member Representatives.

Date of Application _____

Corporation _____
Address _____
City _____
State/Province _____
Zip/Postal Code _____
Country _____

Daytime # _____
Fax # _____
Email _____
Website _____

Relationship of Corporation Operations to Aims of Undersea & Hyperbaric Medical Society: _____

Corporate Affiliate Information:

Name _____ Email _____
Mailing Address (if different from above) _____
City _____ State/Province _____ Zip/Postal Code _____ Country _____
Work # _____ Fax # _____

Name _____ Email _____
Mailing Address (if different from above) _____
City _____ State/Province _____ Zip/Postal Code _____ Country _____
Work # _____ Fax # _____

Name _____ Email _____
Mailing Address (if different from above) _____
City _____ State/Province _____ Zip/Postal Code _____ Country _____
Work # _____ Fax # _____

Name _____ Email _____
Mailing Address (if different from above) _____
City _____ State/Province _____ Zip/Postal Code _____ Country _____
Work # _____ Fax # _____

Corporate Membership Qualifications:

As a member of the UHMS I agree to abide by the Constitution and Bylaws of the Undersea & Hyperbaric Medical Society. A copy of these documents may be viewed at our website. To assist us in upholding these standards, please sign and date this application and return it to the UHMS Headquarters. PLEASE CHECK BOX. A copy of these documents may be obtained from the Society office or viewed at our website.

Authorized Representative for Corporation _____ Signature _____
(Print Name & Title)

Payment Method

Check/Money Order enclosed (Must be made payable to UHMS and be USD only)
 Visa Master Card American Express Diners Card # _____ Exp Date _____

Card Number _____ Expiration Date _____ *Security Card Code _____
Name on Card _____ Billing Zip Code _____ *The Security Code appears on your physical credit card. Amex: 4 digits; Visa/MasterCard: 3 digits
Card holders _____
Signature _____