

# THE WISCONSIN SURGICAL SOCIETY

Chapter of the American College of Surgeons

## 2019 Dues Renewal Form

Dues year January 1 through December 31

*Please type or print legibly.*



Name \_\_\_\_\_

Address \_\_\_\_\_

Municipality \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_

√ Box	Membership Category	Explanation	Dues Amount
	Active	<b>Current Voting Member - State Resident</b> - Fellow of ACS _____ <b>FACS year</b>	\$125
	Associate	<b>Non-Voting Member</b> - Associate Fellow of ACS Applicant - Fellow of ACS - See application form	\$125
	Non-resident	<b>Non-Voting Member</b> - Currently living out-of the state of WI - FACS Fellow of ACS	\$125
	Affiliate	<b>Non-Voting Member</b> – Nurse Practitioners, PA's and PhD's involved with surgical care	\$125
	Senior	<b>Non-Voting Member</b> - Former Active Member, retired or over 65 yrs	\$0
	Resident/Student	<b>Non-Voting Member</b> - Current resident or student	\$0
<b>AMOUNT ENCLOSED</b>			

Thank you for your continued participation in The Wisconsin Surgical Society, A Chapter of the American College of Surgeons. Please return this form, along with your dues payment to:

The Wisconsin Surgical Society, A Chapter of the American College of Surgeons  
c/o Terry & Terry Estness, Executive Directors  
2408 North 67<sup>th</sup> Street  
Wauwatosa, WI 53213

\_\_\_\_\_ Check or Credit card \_\_\_ MC \_\_\_ VISA \_\_\_ AMEX      OR PAY ONLINE at [www.wisurgicalsociety.com](http://www.wisurgicalsociety.com)

Number \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ Authorization Code \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_

Address \_\_\_\_\_ Municipality \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_