

THE WISCONSIN SURGICAL SOCIETY

Chapter of the American College of Surgeons

2020 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	Current Voting Member - State Resident - Fellow of ACS _____ FACS year	\$125
	Associate	Non-Voting Member - Associate Fellow of ACS Applicant - Fellow of ACS - See application form	\$125
	Non-resident	Non-Voting Member - Currently living out-of the state of WI - FACS Fellow of ACS	\$125
	Affiliate	Non-Voting Member – Nurse Practitioners, PA’s and PhD’s involved with surgical care	\$125
	Senior	Non-Voting Member - Former Active Member, retired or over 65 yrs	\$0
	Resident/Student	Non-Voting Member - Current resident or student	\$0
AMOUNT ENCLOSED			

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 67th Street
Wauwatosa, WI 53213

_____ Check or Credit card ___ MC ___ VISA ___ AMEX OR PAY ONLINE at www.wisurgicalsociety.com

Number _____ Exp. Date ____ / ____ Authorization Code _____

Name as it appears on credit card

Address _____ Municipality _____

State _____ Zip _____ Phone _____ Email _____