



THE WISCONSIN SURGICAL SOCIETY

Chapter of the American College of Surgeons

2022 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
<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 Jeanette May, Executive Director  
26 S Henry St, Madison WI 53703

\_\_\_\_\_ 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 \_\_\_\_\_