



2019 Membership Renewal/Application

MEMBERSHIP INFORMATION

Name		Credentials	
Practice Affiliation			
Work Address		Personal Address	
Work City		Personal City	
Work State/Zip		Personal State/Zip	
Work Phone		Personal Phone	
Primary Email		Alternate Email	

Fiscal Year:	January – December, 2019	
Member Status: (Select One)	<input type="checkbox"/> Active Member - \$225.00 <input type="checkbox"/> Associated Member - \$75.00 <input type="checkbox"/> Provisional Member - \$75.00	Total Amount Due: \$ _____

PAYMENT INFORMATION

<input type="checkbox"/> Pay by Check: Check# _____	<input type="checkbox"/> Pay with Credit Card:
	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card Number: _____ Name on Card: _____ Card Holder Address: _____ Exp Date: ____/____/____ CVV Code: _____ <small>(3 Digits on Back)</small>

Please return a copy of this form with your payment:

WSOMS Administrative Office

563 Carter Ct, Ste B • Kimberly, WI 54136

920-560-5623 • Fax: 920-882-3655

Pay online: <http://www.wsoms.net/membershipdues.html>