



The Association of Wisconsin Surgery Centers, Inc. acts as a forum for the exchange of ideas among professionals engaged in the clinical and administrative management of Ambulatory Surgery Centers (ASCs).

Make a statement by aligning your company with the Association of Wisconsin Surgery Centers. By becoming a Corporate Member, you reap the unique membership benefits that include:

- Be a resource on the WISCA website, listing includes links to your company's website, company description and contact information
- Reduced exhibit fees and exclusive sponsorship opportunities for our Annual Forum and Vendor Fair
- Opportunities to present to WISCA members via conference presentations and webinars
- Contribute to monthly e-news by submitting articles for membership education.
- A company representative may attend membership meetings at no cost
- Access to 'member only' section of the WISCA website, including member directory
- Inclusion on mailing and email lists sent to our members
- Exclusive opportunities to sponsor a membership meeting

Corporate Membership

Corporate membership may be granted to individuals or organizations whose interests align with the goals and activities of WISCA. Corporate membership status is appropriate for organizations who provide services or products to surgical center operations. Annual dues for Corporate members is \$1,250.

Join WISCA Online

Join WISCA today and connect with the leaders of Wisconsin's Ambulatory Surgery Centers!

Become a member online! Visit www.wisc-asc.org



2023 Corporate Membership Application

Please complete and return this application with payment to:
 WISCA ♦ 563 Carter Court, Ste B ♦ Kimberly, WI 54136 ♦ 920-560-5627
 ♦ Fax: 920-882-3655 ♦ wisca@badgerbay.co ♦ www.wisc-asc.org

52.7% of 2023 WISCA dues are not deductible as a section 162 business expense for federal income tax purposes due to section 6033(e) lobbying activities notice and reporting requirements. (This is not a PAC.) Please keep this notice with your tax records.

Company: _____

Address: _____

City, State, Zip: _____

Website: _____

Primary Contact: _____

Title/Position: _____ Phone Number: _____

Email Address: _____

Additional Contacts:

Name:	Title/Position:	Email:

Mailing address for other contact(s) if different than above: _____

2023 Corporate Membership Dues: \$1,250.00 Tax ID #: 38-1719166
 (Dues payment covers membership January through December 2023)

Check (# _____) Credit Card (Visa/MasterCard/Discover/AmEx)

Card Number: _____ Expiration Date _____

Security Code: _____ Signature: _____