



WISCONSIN ACADEMY OF OPHTHALMOLOGY

When you join the Wisconsin Academy of Ophthalmology (WAO), you become a member of a nationally recognized organization that is committed to ensuring high-quality eye health care for all Wisconsin residents and protecting the Ophthalmology profession. The WAO is the only statewide organization representing Wisconsin Ophthalmologists and their patients. The WAO promotes and protects the medical specialty of Ophthalmology through actively participating in legislative advocacy, providing continuing medical education, and disseminating responsible information to its members, physicians, and to the citizens of Wisconsin to ensure the delivery of the highest standard of eye care throughout the state.

A detailed list of benefits includes:

- ✓ Coding and Billing Seminars
- ✓ Newsletters, Bulletins and Alerts
- ✓ Liaison with Other Medical Societies
- ✓ Young Ophthalmologists Program
- ✓ Legislative Advocacy
- ✓ OMIC Premium Discount
- ✓ Online Profile
- ✓ Help Desk
- ✓ CME Programs
- ✓ Registration Discounts
- ✓ User-friendly Website
- ✓ Career Center

2023-2024 WAO Membership

Individual Categories
Active - \$525 <i>A full-time practicing Ophthalmologist</i>
Young Ophthalmologist (YO) - \$225 <i>Ophthalmologist in first 5 years of practice</i>
Part-time - \$275 <i>Ophthalmologist practicing part-time (Semi-Retired or Part-Time)</i>
Out-of-State (OOS) - \$125 <i>Primary practice is outside of WI</i>
Retired - \$25 <i>Former Ophthalmologist, not practicing</i>
Resident/ Fellow - \$0 <i>Any resident/fellow Ophthalmologist</i>
Staff - \$125 <i>Any employee within clinic that is not an active physician: Tech/Admin</i>

Group Categories
Group Level 1 - \$1,500 <i>less than 5 physicians</i>
Group Level 2 - \$2,500 <i>between 5-9 physicians</i>
Group Level 3 - \$5,000 <i>10 or more physicians</i>

Group Membership Benefits:

- ✓ Unlimited staff membership
- ✓ Discounted event registration (for physicians and staff)
- ✓ Complementary access to the Coding Help Desk
- ✓ Complementary job posting in WAO Career Center
- ✓ Priority invitation to career events

WAO updated our group membership categories in 2023 to better serve our members. We want to ensure that each group (physician and staff members) receives increased variety in the benefits offered to be useful year-round.

OMIC Insurance Premium Discount

All OMIC insureds, who are members of WAO, are eligible to receive 10% in total additional discounts. All WAO members will automatically receive a 5% Society Member discount on their premium for being a WAO member. Just confirm to OMIC that you are a WAO member. In addition, members may receive an additional 5% Risk Management discount by attending an OMIC sponsored risk management seminar. The WAO annual symposium always includes a qualified session to help our members benefit from the full 10% discount.

2023-2024 WAO Membership Dues Statement

We ask that you please complete and return the following form so that WAO can continue being a source for comprehensive eye care information and treatment. WAO aims to provide benefits to all staff within your office and encourages non-physician employees to also join the Academy at no cost.

Contact Information

Clinic:	
Primary Contact:	
Title:	
Address:	
Phone:	
Email:	

We thank you for your support of WAO! WAO dues are not deductible as a charitable contribution for federal income tax purposes. Dues may be deductible as a business expense. In compliance with federal tax law, we must notify you that the portion of your dues representing lobbying expenses is not deductible. We estimate that 40% of WAO dues revenue represents lobbying expenses.

Member Name	Member Email	Membership Type	Dues	Discount	Total Dues Owed
Total (update total on dues statement if additions or changes)					\$

Dues

Total Membership Dues: \$ _____

Discounts Applied: - _____

Total Dues Owed: = _____
(after discount)

Method of Payment

<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Check (make payable to Wisconsin Academy of Ophthalmology)			
Name on Card:		Signature:	
Card Number:		Expiration Date: /	Security Code:
Billing Address:		City:	State: Zip:



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