

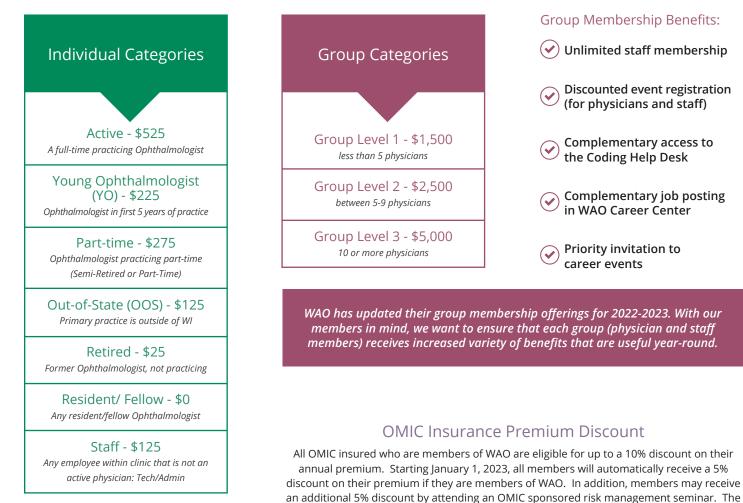




When you join the Wisconsin Academy of Ophthalmology (WAO), you become a member of a nationally recognized organization that is committed to ensuring high-quality eye health care for all Wisconsin residents and protecting the Ophthalmology profession. The WAO is the only statewide organization representing 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 deliver y of the highest standard of eye care throughout the state.



2022-2023 WAO Membership



WAO annual symposium always includes a qualified session to help our members benefit from the full 10% discount.

\$25 discount if paid by July 31

2022-2023 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. Any clinic that registers all their ophthalmologists by JULY 31 will receive a \$25 discount off.

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 Email	Membership Type	Dues	Discount	Total Dues Owed
				\$
	Member Email	Member Email Membership Type	Member Email Membership Type Dues Image: Im	Member Email Membership Type Dues Discount Image: Discount Image: Discount Image: Discount Image: Discount Image: Discount Image: Discount Image: Discount <t< td=""></t<>

Dues

Total Membership Dues: \$_____

Discounts Applied: –

Total Dues Owed: = (after discount)

Method of Payment

Name on Card:	Signature:				
Card Number:	Expiration Date: /	Security Code:			
Billing Address:	City:	State: Zip:			
□ Visa □ Mastercard □ Discover □ AMEX □ Check (make payable to Wisconsin Academy of Opthalmology)					

