



Organizational Membership Application

Please remit with payment to:

Wisconsin Society of Association Executives

22 N Carroll St, Ste 300

Madison, WI 53703

Tel: (608) 310-7850 Fax: (608) 492-0523

cmccoy@wsae.org

ORGANIZATION NAME:			
<input type="checkbox"/> Professional Association	<input type="checkbox"/> Hotel	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Trade Association	<input type="checkbox"/> Convention Sales		
<input type="checkbox"/> AMC	<input type="checkbox"/> Industry Services		
ADDRESS:		CITY, STATE, ZIP:	
PHONE:		FAX:	
WEBSITE:			

▶ **MEMBERSHIP TYPE:**

Silver (up to 5 members) - \$500*

Platinum (up to 25 members) - \$2000*

Gold (up to 10 members) - \$1000*

Diamond (unlimited members) - \$5000*

**WSAE dues are based on a calendar year cycle. New members joining Oct 1 – Dec 31 will maintain a valid membership through the remainder of the calendar year and all of the following year*

ADDITIONAL MEMBER BENEFITS

▶ **Silver:** One complimentary webinar from annual series or archives

▶ **Gold:** One complimentary registration to the Holiday Event; One complimentary webinar from the annual series or archives

▶ **Platinum:** Three complimentary registrations to the Holiday Event or Innovation Summit; Two complimentary webinars from the annual series or archives

▶ **Diamond:** Five complimentary registrations to the Holiday Event or Innovation Summit; Five complimentary webinars from the annual series or archives.

▶ **PAYMENT INFORMATION**

To pay by credit card, please fill out the information below:

AmEx Discover MasterCard Visa

CARDHOLDERS NAME			
CARD NUMBER		EXP DATE	

I understand that by providing a mailing address, email address, telephone and fax number, we consent to receive communications sent by or on behalf of the Wisconsin Society of Association Executives via regular mail, email, telephone, or fax.

SIGNATURE	DATE

► Please list the names/contact information for individuals you would like to become WSAE members. It is critical that we have individual email addresses for each member. Notices of membership meetings and activities are sent to members via email and it will be their login for the WSAE Connected Community. For larger numbers of members, feel free to submit an Excel file with Name, Designation, Title, Phone and Email Address. By providing mailing addresses, email addresses, telephone and fax numbers, you are consenting for members to receive communications sent by or on behalf of WSAE.

INDIVIDUAL 1			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	
INDIVIDUAL 2			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	
INDIVIDUAL 3			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	
INDIVIDUAL 4			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	
INDIVIDUAL 5			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	
INDIVIDUAL 6			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	
INDIVIDUAL 7			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	
INDIVIDUAL 8			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	
INDIVIDUAL 9			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	

INDIVIDUAL 10			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	
INDIVIDUAL 11			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	
INDIVIDUAL 12			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	
INDIVIDUAL 13			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	
INDIVIDUAL 14			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	
INDIVIDUAL 15			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	
INDIVIDUAL 16			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	
INDIVIDUAL 17			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	
INDIVIDUAL 18			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	
INDIVIDUAL 19			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	

INDIVIDUAL 20			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	
INDIVIDUAL 21			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	
INDIVIDUAL 22			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	
INDIVIDUAL 23			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	
INDIVIDUAL 24			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	
INDIVIDUAL 25			
FULL NAME:		TITLE:	
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
PHONE:		EMAIL ADDRESS:	