



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) 251-5941

tlarson@wsae.org

FULL NAME:				TITLE:		
CERTIFICATIONS:	<input type="checkbox"/> CAE <input type="checkbox"/> CMP <input type="checkbox"/> Other: _____					
ASSOCIATION/COMPANY:						
ADDRESS:				CITY, STATE, ZIP:		
PHONE:				FAX:		
EMAIL ADDRESS:				WEBSITE:		

▶ It is critical that we have your email address. Notices of membership meetings and activities are sent to members via email

▶ REFERRED BY: _____

▶ REQUIRED DEMOGRAPHICS – Please complete		
YOUR ROLE:		
<input type="checkbox"/> Executive/CEO	<input type="checkbox"/> Membership Specialist	<input type="checkbox"/> Sales
<input type="checkbox"/> Deputy/#2	<input type="checkbox"/> Administration	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Meeting Planner	<input type="checkbox"/> Consultant	
YOUR ORGANIZATION:		
<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	
ORGANIZATION'S SCOPE:		
<input type="checkbox"/> Local	<input type="checkbox"/> Regional	<input type="checkbox"/> International
<input type="checkbox"/> State	<input type="checkbox"/> National	
EXECUTIVE AND PROFESSIONAL STAFF ONLY:		
<input type="checkbox"/> Number on Board: _____	<input type="checkbox"/> Size of membership: _____	
<input type="checkbox"/> Number of Staff: _____	<input type="checkbox"/> Size of membership: _____	

▶ **MENTORSHIP:**

I want to be a mentor!
 I have enough mentees at the moment.
 I do not want to be a mentor.

▶ **MEMBERSHIP TYPE:**

Chief Executive - \$225
 Professional Staff - \$225
 Consultant - \$225
 Industry Partner - \$225
 Student (*Fully time only*) – Complimentary

MEMBERSHIP TYPE DESCRIPTIONS:

- ▶ **Chief Executive:** This category encompasses the staff leaders of trade and professional associations, philanthropic organizations, and association management companies.
- ▶ **Professional Staff:** This category encompasses the staff (non-CEO) of trade and professional associations, philanthropic organizations, and association management companies.
- ▶ **Industry Partner:** Individuals who market to WSAE members, members of learned professions, government employees, and others who are not full-time association executives.
- ▶ **Consultant:** Individual whose primary service to WSAE members involves the sale of intellectual property or expert advice to associations or other membership organizations, and who are not full-time association executives.
- ▶ **Student:** Individuals attending a university, college, or technical school with an interest in meetings/event planning or association management. Student members may not currently be working full-time with associations.

▶ **CAE SCHOLARSHIP DONATION:**

- Yes, I would like to donate to the CAE Scholarship Fund
 - Amount: _____
- Yes, please send me a separate CAE Scholarship contribution form
- No, I am not interested at this time

▶ **PAYMENT INFORMATION**

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

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

- AmEx Discover MasterCard Visa

CARDHOLDERS NAME			
CARD NUMBER		EXP DATE	

SIGNATURE	DATE

▶ ADDITIONAL DEMOGRAPHICS – Please complete as desired as part of our diversity/inclusion initiative		
ETHNICITY:		
<input type="checkbox"/> African American	<input type="checkbox"/> East Indian	<input type="checkbox"/> Native American
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Other: _____
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female		
GENERATION:		
<input type="checkbox"/> Baby Boomer (Born 1943-1960)	<input type="checkbox"/> Millennial (Born 1981-1995)	
<input type="checkbox"/> Generation X (Born 1961-1980)	<input type="checkbox"/> Generation Z (Born 1996-Present)	
HIGHEST LEVEL OF EDUCATION:		
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Bachelor’s Degree	<input type="checkbox"/> PhD
<input type="checkbox"/> Associate’s Degree	<input type="checkbox"/> Master’s Degree	
HOW DO YOU PREFER TO STAY INFORMED OF NEWS/CURRENT EVENTS?		
<input type="checkbox"/> Social Media	<input type="checkbox"/> RSS Feed	<input type="checkbox"/> Newspaper/Magazine/Print
<input type="checkbox"/> Online news - computer	<input type="checkbox"/> Online news - mobile	<input type="checkbox"/> Television
<input type="checkbox"/> Email		
PREFERRED LEARNING STYLE:		
<input type="checkbox"/> Reading	<input type="checkbox"/> Visual (pictures, images)	<input type="checkbox"/> Social interaction
<input type="checkbox"/> Listening/Aural	<input type="checkbox"/> Hands-on	
DO YOU HAVE ANY OF THE FOLLOWING DISABILITIES:		
<input type="checkbox"/> Communicative	<input type="checkbox"/> Mental	<input type="checkbox"/> Physical
WHEN THINKING ABOUT YOUR FUTURE CAREER ASPIRATIONS, YOU THINK OF YOURSELF AS:		
<input type="checkbox"/> An association professional	<input type="checkbox"/> A specialist in a particular field (i.e. marketing, meeting planning, etc)	
WHERE IS YOUR ORGANIZATON LOCATED?		
<input type="checkbox"/> Madison Metro Area (WI)	<input type="checkbox"/> Milwaukee Metro Area (WI)	<input type="checkbox"/> Fox Cities Metro Area (WI)
<input type="checkbox"/> Wisconsin - Other	<input type="checkbox"/> Chicagoland	<input type="checkbox"/> Other US Location