



2024 FSCA Membership Application – New Members

Member Firm: \_\_\_\_\_

Total Volume (all locations): \_\_\_\_\_

Applicable Dues:	(# of services)						
	0-49	<del>\$625</del>	\$312.50	50-99	<del>\$1245</del>	\$622.50	100-199 <del>\$2075</del>
		\$1037.50		200-299	<del>\$3100</del>	\$1550	300-499 <del>\$5175</del>
		\$10350	\$5175	1000+	<del>13800</del>	\$6900	500-999

Corporate Political Fund Contribution \_\_\_\_\_

Total Payable Due Upon Receipt \$ \_\_\_\_\_

Member Firm (principle location): \_\_\_\_\_

Main Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Branch Locations (name):

1. \_\_\_\_\_

3. \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Receive Mailings?: \_\_\_\_\_ Faxes?: \_\_\_\_\_

Receive Mailings?: \_\_\_\_\_ Faxes?: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Receive Mailings?: \_\_\_\_\_ Faxes?: \_\_\_\_\_

Receive Mailings?: \_\_\_\_\_ Faxes?: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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