



Texas Ambulatory
Surgery Center Society

The United Voice of the Texas ASC Industry

401 W. 15th Street
Austin, TX 78701
Phone: (512) 469-7900
Fax: (512) 370-1626
www.texasascociety.org

Corporate Facility Membership Application

Corporate Facility Member: Any entity owning or managing multiple facilities that focus on ambulatory surgery is eligible to become a Corporate Facility Member. This membership is for the corporate entity only and benefits to not extend to any facility that is owned or managed.

Corporation Name: _____

Address: _____

City, ST Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Primary contact person to whom (TASCS) information should be sent:

Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Facility Information (If applicable):

of facilities owned or managed _____ # of ORs _____ Date Opened: _____

Please check all that apply:

Accredited Medicare AAAHC JACHO Other (Specify)

Please check one:

Ownership: Corporation Partnership Other(Specify)

Type: Hospital Affiliate Non-Hospital Affiliate

Current Staff: Full-time Part-time

Please list the name or names of individuals to represent your group in TASCS: (* notes Voting Representative)

* Contact: _____ Title: _____

Email: _____ Phone: _____

Contact: _____ Title: _____

Email: _____ Phone: _____

Dues: \$1,000.00

Please submit dues to TASCS.

Amount : \$ _____ Check Enclosed Please Bill Credit Card Below

____MC ____ Visa ____Am. Exp # _____ Exp. ____/____ 3 digit code: _____ (4 digit on front of Am Exp)

Name on the Card: _____

Billing Address for card: ____ Same as Above Or: _____

FAX TO: (512) 370-1626

A portion of TASCS membership dues may be deductible as a business expense. Please consult your tax advisor.