



# Texas Ambulatory Surgery Center Society

*The United Voice of the Texas ASC Industry*

401 W. 15<sup>th</sup> Street  
Austin, TX 78701  
Phone: (512) 469-7900  
Fax: (512) 370-1626  
[www.texasascociety.org](http://www.texasascociety.org)

## Facility Membership Application

**Facility Member:** Any ambulatory surgical center that is certified by Medicare and/or licensed by the state of Texas, or which is under development and intends to be certified by Medicare and/or licensed by the state of Texas is eligible to become a Facility Member.

**Facility Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

<b># of ORs:</b> _____	<b># of Treatment Rms:</b> _____	<b>Date Opened:</b> _____	<b>Current Staff:</b> # Full time _____	# Part time _____
<b>Ownership:</b> Partnership _____	Corporate _____	Hospital _____	Other _____	
<b>Accreditation:</b> Medicare _____	AAAHC _____	JCAHO _____	Other _____	

**Main Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Web Site:** \_\_\_\_\_

**Administrator:** \_\_\_\_\_ **Admin. Email:** \_\_\_\_\_

**Chief of Nursing:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Partners:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide contact info for all other individuals at your ASC who would like to be added to the TASCS Email list or attach a facility roster:

<b>Name:</b> _____	<b>Title:</b> _____	<b>Email:</b> _____
_____	_____	_____
_____	_____	_____

<b>Services:</b> ___ Cardiovascular	___ OB-GYN	___ Pain
___ Endoscopy	___ Ophthalmology	___ Plastic
___ Gastroenterology	___ Oral	___ Thoracic
___ General	___ Orthopaedic	___ Urology
___ Neurological	___ Otolaryngology	___ Other

### MEMBERSHIP DUES - \$2,500

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.

