



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

Vendor Membership Application

Vendor Member:

Any individual or entity (e.g.: manufacturer, distributor, service provider, consultant, attorney, accountant) who provides services to any facility that focuses on ambulatory surgery and is not medical personnel or staff.

Company Name: _____

Address: _____

City, ST Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Where do you sell/service ASC clients in Texas?	Statewide _____	Regionally _____	Area? _____
	City (Cities)? _____		

How many ASC clients do you currently serve in Texas? _____

Contact: _____ Title: _____

Email: _____ Phone: _____

Contact: _____ Title: _____

Email: _____ Phone: _____

Contact: _____ Title: _____

Email: _____ Phone: _____

Services:

<input type="checkbox"/> Accounting	<input type="checkbox"/> Devices	<input type="checkbox"/> Janitorial
<input type="checkbox"/> Architecture	<input type="checkbox"/> DME	<input type="checkbox"/> Legal
<input type="checkbox"/> Banking/Financial	<input type="checkbox"/> Equipment	<input type="checkbox"/> Linen
<input type="checkbox"/> Billing/Collection	<input type="checkbox"/> Imaging	<input type="checkbox"/> Pharmaceutical
<input type="checkbox"/> Development	<input type="checkbox"/> Insurance	<input type="checkbox"/> Transcription

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.