



**Texas Ambulatory
Surgery Center Society**

The United Voice of the Texas ASC Industry

PO Box 201363
Austin, TX 78720
Phone: (512) 535-2325
Fax: (866) 235-2557
www.texasascscociety.org

2018 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.

Membership Dues:

Single Facility Members

1 OR - \$1,000

2+ ORs - \$2,500

Multi Facility Members

*For multiple facility members,
please call for rates.*

Facility Name: _____

Mailing Address: _____

City, State, Zip: _____

of ORs: _____ # of Treatment Rooms: _____ Date Opened: _____

Current Staff: # Full time: _____ # Part time: _____

Ownership: Partnership Corporate Hospital Other: _____

Accreditation: Medicare AAAHC JCAHO Other: _____

Main Phone: _____ Fax: _____ Website: _____

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:

Name: _____	Title: _____	Email: _____
_____	_____	_____
_____	_____	_____

Services:

<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> General	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Thoracic
<input type="checkbox"/> Endoscopy	<input type="checkbox"/> Neurological	<input type="checkbox"/> Oral	<input type="checkbox"/> Pain	<input type="checkbox"/> Urology
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> OB-GYN	<input type="checkbox"/> Orthopaedic	<input type="checkbox"/> Plastic	<input type="checkbox"/> Other: _____

Please return completed Membership Application with payment.

Fax: (866) 235-2557, Email: kdurapau@texasascscociety.org, Mail: PO Box 201363, Austin, TX, 78720

Please indicate which items are included with your payment:

1 OR - \$1,000 Recommended PAC Contribution - \$500 MasterCard AMEX

2+ ORs - \$2,500 Other PAC Contribution - \$ _____ Visa Check # _____

2018 DUES PAID	\$
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Card Number: _____ Exp. Date: ____/____/____ CVV Code: _____ (3 or 4 digit code on card)

Billing Address: _____

Name on Card: _____ Signature: _____

Dues to the Society are not tax deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. A portion of dues, however, is not tax deductible as an ordinary and necessary business expense, to the extent that the Society engages in lobbying. The non-deductible portion of your 2018 dues is 25%.