



**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 Professional Membership Application

Membership Dues: \$1,000

Professional Member: Any Individual or entity (example: vendor, manufacturer, distributor, service provider, consultant, attorney, accountant) that provides services to any facility that focuses on ambulatory surgery and is not medical personnel or staff.

Organization Name: _____ Main Contact: _____

Mailing Address: _____

City, State, Zip: _____ Email: _____

Main Phone: _____ Fax: _____ Website: _____

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

Where do you serve ASC clients in Texas?

Statewide: _____ Area: _____

Regionally: _____ City/Cities: _____

Updated Contact Information

TASCS distributes important information, events, membership newsletters, webinars, etc. to all members via email. As a Professional Member, we want to ensure these communications are reaching the right people, please provide contact information for all individuals at your organization to be included in the TASCS email list or attach a facility roster. If organizational structure or emails change, please update TASCS so you do not miss information and opportunities.

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

Services Provided:

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

- Professional Membership - \$1,000
 Recommended PAC Contribution - \$500
 Other PAC Contribution - \$ _____

- MasterCard
 Visa AMEX
 Check # _____

2018 DUES PAID

\$ _____

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%.