



California Ambulatory Surgery Association **AUXILIARY & INDIVIDUAL MEMBERSHIP APPLICATION**

CODE OF CONDUCT FOR CASA MEMBERS: The California Ambulatory Surgery Association ("CASA") and each of its members agrees to adopt and implement policies to promote ethical management in the ambulatory surgery industry. Members shall promote the advancement of ambulatory surgery technology and methods, encourage educational activities demonstrating the benefits of ambulatory surgery, promote the efficient, safe and effective utilization of medical care resources and operate facilities in a fiscally responsible manner benefiting and protecting the general public.

The California Ambulatory Surgery Association values and seeks diverse and inclusive participation within the field of ambulatory surgery medicine from all members regardless of race, ethnicity, gender, religion, age, sexual orientation, nationality or disability.

Name of Company: _____
Address: _____ City: _____ State: _____ Zip: _____
Primary Contact: _____ Telephone: (____) _____ Fax: (____) _____
Signature of Applicant: _____ Date: _____

PERSONNEL:

Primary Contact Title: _____
Second Contact Name: _____ Title: _____
Telephone: _____ Fax: _____
Email: _____

Two people from each organization will receive **email** information from CASA. Unless otherwise noted, they will be the Primary and Secondary Contacts. Please check here to **opt-In** to CASA email broadcasts. Please check here if you wish to **opt-Out** of the email broadcasts.

Please provide a brief description of your company product or service: _____

Auxiliary Member: Auxiliary membership shall be available to organizations or companies, which are in the business of providing supplies, equipment and/or services to ambulatory surgery centers, including any of their affiliates or related entities, which are not, qualified in any way as a Facility member. Auxiliary members are voting members of the Association.

Auxiliary Member Benefits: Early receipt of the Annual Conference Call for Presentations; Access to Members Only page on CASA's website (includes CASA Member List); Two (2) sets of CASA Membership mailing labels per year; Early notice of Conferences, Seminars Critical ASC issues and CareerLink Postings; Eligibility for a seat on CASA's Board of Directors; Conference and Seminar Registration discounts; Exhibit Space discount of \$200.

Individual Member: Individual membership shall be available to persons who have demonstrated an interest in the purposes of the organization and the ambulatory surgery industry. Individual members are voting members of the Association.

Individual Member Benefits: Early receipt of the Annual Conference Call for Presentations; Access to Members Only page on CASA's website (includes CASA Member List); Early notice of Conferences, Seminars Critical ASC issues and CareerLink Postings; Eligibility to serve on CASA's Committees and Board of Directors; Conference and Seminar Registration discounts

Membership fees are due upon joining. Renewals are pro-rated and billed for annual January payment.
(80% of your dues may be tax deductible as a business expense. Consult your tax advisor.)

MEMBERSHIP FEE SCHEDULE

___ **AUXILIARY** Membership (Organizations/Companies) \$575 **OR** \$650 for a Web Link from CASA's to yours.
___ **INDIVIDUAL** Membership \$450

Voluntary PAC contribution: ___ \$5600 ___ \$2500 ___ \$1,000 ___ Other \$ _____

PAC Contribution Rules: Corporate/Company can contribute \$5600 per calendar year. If individual owns 50% or more of the contributing company, the individual's personal contribution and the company's contribution cannot total more than \$5600. PAC contributions can only be used for campaign contributions. These funds cannot be used to pay for lobbying efforts (The Docherty Group). Contributions are not tax deductible.

PLEASE MAKE YOUR CHECK PAYABLE TO CASA and MAIL CHECK OR CREDIT CARD INFORMATION, APPLICATION and CERTIFICATE TO:
CASA - PO Box 276043, Sacramento, CA 95827-6043 – Questions: 775/267-0539 or jkw@gbis.com

Method of payment: Check# _____
MC/VISA # _____ ExpDate: _____ **Note: VISA/MC ONLY**
Please provide the last three digits from the number series in the signature space on the back of the card. _____
Name on card (please print clearly): _____ Signature: _____

For Office Use Only:

Date Received: _____ Check #: _____ Amount: _____ Batch #: _____ Thru: _____ 2007