



APPLICATION FOR FACILITY MEMBERSHIP

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 Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____

Signature of Applicant: _____ Date: _____

LEGAL TYPE:

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> Physician Partnership | <input type="checkbox"/> % Owned by Physician | Ownership: |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Management Contract | <input type="checkbox"/> % Owned by Hospital | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Not-for-Profit | <input type="checkbox"/> Other | <input type="checkbox"/> % Owned by Other | <input type="checkbox"/> Corporate |

MEMBERSHIP REQUIREMENT: ~~☒~~ ~~☒~~ ~~☒~~ *Please enclose a copy of ONE of the following Certificates with your application*

California State License: # _____ Medicare: # _____
 AAAA Accreditation: _____ AAAHC Accreditation: _____ IMQ Accreditation: _____ JCAHO Accreditation: _____

FACILITY TYPE:

- | | | | |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> Freestanding | <input type="checkbox"/> Physician Office Based | <input type="checkbox"/> Hospital Affiliated | <input type="checkbox"/> Single Specialty |
| Number of Operating Suites _____ | Annual Number of Surgeries _____ | Year Opened _____ | |

OTHER SERVICES OFFERED:

- | | | | | | | |
|---|-------------------------------------|-----------------------------------|--|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Breast Imaging | <input type="checkbox"/> Laboratory | <input type="checkbox"/> G.I. Lab | <input type="checkbox"/> Recovery Care | <input type="checkbox"/> X-Ray | <input type="checkbox"/> Laser | <input type="checkbox"/> Other |
| Do you joint venture with other physicians? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

PERSONNEL:

Administrator: _____ Email: _____

Business Manager: _____ Email: _____

Nursing Director: _____ Email: _____

Medical Director: _____

One person from each facility will receive email information from CASA. Unless otherwise noted, that person will be the Administrator.

~~☒~~ *Please check here to **opt-In** to CASA email broadcasts.* ~~☒~~ *Please check here if you wish to **opt-Out** of the email broadcasts.*

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

FACILITY Membership

- | | | |
|-----|-----------------|-------|
| 1 | Operating Room | \$550 |
| 2-3 | Operating Rooms | \$750 |
| 4+ | Operating Rooms | \$975 |

CORPORATE Membership (Greater than 20 centers in California) \$650 per center

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

Total amount of Payment enclosed: \$ _____ Method of payment: Check# _____ or

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 #: _____ Dues Amount: _____ PAC Amount: _____ Batch #: _____ Thru: _____ 2007