



Membership Application

Please duplicate this application if you are applying for NASCA membership for more than one freestanding ASC.

Name of Facility(s) _____

Name of Corporation (if applicable) _____

Center Representative(s) _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

E-Mail _____

Number of dedicated operating rooms _____ procedure rooms _____

The Facility is: independently owned corporately owned hospital owned

Is this a Hospital/Physician joint venture? Yes No (If so list percentage) _____

Other (specify) _____

****Annual Membership Classification and Dues****

- | | | |
|--------------------------|---|----------|
| <input type="checkbox"/> | 1 or 2 operating rooms and/or procedure rooms | \$ 1,500 |
| <input type="checkbox"/> | 3 operating rooms and/or procedure rooms | \$ 2,250 |
| <input type="checkbox"/> | 4 + operating and/or procedure rooms | \$ 3,000 |
| <input type="checkbox"/> | In development/associatie | \$ 500 |

**If your company owns more than one center, please pay the full amount for the center with the largest number of operating rooms, and then 50% of the individual price for each subsequent center.

Credit Card (MC/Visa) _____ EXP ____ / ____

Name on Card _____

Billing Address _____

Please Mail Form & Payment To:
NASCA
POB 2033, Woodbridge, VA 22195