



2017 MEMBERSHIP APPLICATION

Name of Facility _____

Address of Facility _____

City/State/Zip Code _____

Telephone _____ Website _____

Owner(s): _____

- ___ % owned by doctors
- ___ % owned by hospital
- ___ % owned by others

Accreditation and Certification

- ___ AAAHC
- ___ AAAASF
- ___ The Joint Commission
- ___ Medicare, if so, Medicare # _____

State Licensure

- ___ Licensed, if so license # _____
- ___ Exempt

Facility Type

- ___ Single Specialty: _____
- ___ Multi-Specialty

Personnel - Please update the email addresses for the positions noted at your ASC facility. As a WASCA member, all employees have access to the member listserv. If there are additional employees who would like to receive an invitation to join the listserv, please contact listserv@wasca.net.

Administrator _____

Email _____

Business Manager _____

Email _____

Clinical Director _____

Email _____

Materials Manager _____

Email _____

Medical Director _____

Email _____

Facility & Professional Membership Fee Schedule*

- 2,500 or more cases per year per center \$1,500
- 1,000 or more cases per year per center \$1,000
- 500 or more cases per year per center \$750
- ASC Not Yet Operational \$350
- Single Physician Owned Center \$350
- Single Physician *under 500 cases per year* \$350
- Professional Membership \$500

**New members receive a 50% discount
the first year of membership.**

Fees are due upon joining and are billed annually.

*Pursuant to IRS code section 6033(e), WASCA hereby provides notice that 60% of membership dues will be allocated to lobbying activities in 2017.

Please make your check payable to: WASCA

Mail check and application to:

WASCA
2001 6th Avenue, Suite 2700
Seattle, WA 98121

Administrative Use Only

Check # _____
Amount \$ _____
Date Rec'd _____