



# 2024 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 \_\_\_\_\_

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 info@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 \$2,863
- 1,000 or more cases per year per center \$1,908
- 500 or more cases per year per center \$1,431
- ASC Not Yet Operational \$668
- Single Physician Owned Center \$759  
*under 500 cases per year*
- Professional Membership \$650

**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 45% of membership dues will be allocated to lobbying activities in 2024. As such, 45 % of your dues paid to WASCA are considered non-deductible.

Please make your check payable to: WASCA

Mail check and application to:

WASCA  
P.O. Box 3345  
Bellevue, WA 98009

**Administrative Use Only**

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

Date Rec'd \_\_\_\_\_