Washington Ambulatory Surgery Center Association
Our Patients Come First

2026 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	$3,161
☐ 1,000 or more cases per year per center	$2,106
☐ 500 or more cases per year per center	$1,581
☐ ASC Not Yet Operational	$741
☐ Single Physician Owned Center *under 500 cases per year*	$840
☐ Professional Membership	$720

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 _____

Telephone: (425) 358-1765 E-mail: info@wasca.net