

FACILITY MEMBERSHIP APPLICATION

Name of Facility: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Signature of Applicant: _____ Web Address: _____

PERSONNEL (The staff members listed below will be assigned a user name and password for access to the CASA website)

Administrator: _____ Email: _____
 Nursing Director: _____ Email: _____
 Medical Director: _____ Email: _____
 Business Manager: _____ Email: _____

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

Were you referred to CASA by someone? Please list them below:

LEGAL TYPE (check all that apply)

Business Corporation Joint Venture Not-for-Profit
 Physician Partnership Management Contract Other _____
 Hospital or Health System Affiliated
 ___% Owned by Physicians ___% Owned by Hospital ___% Owned by Other

FACILITY TYPE

Freestanding _____ Number of Operating Suites
 Physician Office Based _____ Annual Number of Surgeries
 Multi Specialty _____ Year Opened
 Single Specialty (please list): _____

Do you joint venture with other physicians? Yes No

PROOF OF CERTIFICATION REQUIRED

MEMBERSHIP REQUIREMENT

Please provide a copy of one of the following certificates with your application

CA State License #: _____
 Medicare Certified #: _____
 AAAASF IMQ
 AAAHC The Joint Commission

**Membership fees are due upon joining.
 Renewals are pro-rated and billed for annual January payment.**

MEMBERSHIP FEE SCHEDULE

FACILITY Membership
 1 Operating Room \$625
 2-3 Operating Rooms \$825
 4+ Operating Rooms \$1050
 CORPORATE FACILITY Membership
Companies with 4-9 centers in CA that are CASA members \$775/center
Companies with 10+ centers in CA that are CASA members..... \$725/center
 Please indicate name of corp ownership/management _____

Voluntary PAC contribution: \$7,300 \$2,500 \$1,000 Other \$ _____

If you are unable to contribute to the CASA PAC fund please consider contributing to the following options:

PAC Issues Fund Advocacy Fund

PAC Contribution Rules: Corporate/Company can contribute \$7,300 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 \$7,300. PAC contributions can only be used for campaign contributions. These funds cannot be used to pay for lobbying efforts (KP Public Affairs). 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 292698 · Sacramento, CA 95829

Or Fax your information to 1-844-273-8336
 Questions: 209-384-1640 or membership@casurgery.org

PROOF OF CERTIFICATION/ACCREDITATION REQUIRED

Method of payment (Note: VISA/MC/AMEX or check ONLY)

MC/VISA/AMEX#: _____ Exp Date: _____
 Name on card
 (please print clearly): _____
 Signature: _____