

FACILITY MEMBERSHIP APPLICATION

Name of Facility: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ 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:

PLEASE COMPLETE THE FOLLOWING:

LEGAL TYPE (check all that apply)

- Business Corporation _____ % Owned by Physicians
 Physician Partnership _____ % Owned by Hospital
 Hospital or Health System Affiliated _____ % Owned by Other

FACILITY TYPE

FACILITY INFO

- Freestanding _____
 Physician Office-Based _____
 Number of Operating Suites _____
 Annual Number of Surgeries _____
 Year Opened _____

FACILITY SPECIALTY (Please complete for our records)

- Multi-Specialty
 Single Specialty (**please list**): _____

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 AAAHC IMQ
 The Joint Commission HFAP

Membership fees are due upon joining.

Renewals are pro-rated and billed for annual January payment.

ANNUAL MEMBERSHIP FEE SCHEDULE

- FACILITY Membership**
 1 Operating Room \$700
 2-3 Operating Rooms \$900
 4+ Operating Rooms \$1125
- CORPORATE FACILITY Membership**
 Companies with **4-9 centers** in CA that are CASA members \$850/center
 Companies with **10+ centers** in CA that are CASA members \$800/center

Please indicate name of corp ownership/management: _____

Voluntary PAC contribution: \$8,100 \$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 \$8,100 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 \$8,100. PAC contributions can only be used for campaign contributions. These funds cannot be used to pay for lobbying efforts (TDG Strategies). 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
 Fax: 1-844-273-8336 | Email: membership@casurgery.org
 Questions: 209-384-1640

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: _____