

AUXILIARY & INDIVIDUAL MEMBERSHIP APPLICATION

Name of Company: _____

Address: _____ City: _____ State: _____ Zip: _____

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)

Primary Contact: _____ Secondary Contact: _____

Title: _____ Title: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

FOR ORGANIZATIONS/COMPANIES

Auxiliary Member:

Auxiliary membership shall be available to organizations or companies, which are in the business of providing supplies, equipment and/or services to ambulatory surgery centers, including any of their affiliates or related entities, which are not qualified in any way as a Facility member. Auxiliary members are voting members of the Association.

Auxiliary Member Benefits:

Early receipt of the Annual Conference Call for Presentations; Access to "Members Only" page on CASA's website (includes CASA Member List); Excel spreadsheet of members including Administrator contact (once-per-year upon request); Early notice of Conferences, Seminars, Critical ASC issues and Career Postings; Eligibility for a seat on CASA's Board of Directors; Conference and Seminar Registration discounts; Preferred Vendor Opportunity offering discounts on your products/services to our members; \$200 discount on CASA Annual Conference Exhibit Booth; List of company name with link on website under a designated classification (GPO, Consultant, Coding/Billing, Collections, Medical Supplies etc.); Rotating list of highlighted auxiliary members on left of newsletters; 30% discount on CASA website ad banner.

FOR ONE INDIVIDUAL MEMBER

Individual Member:

Individual membership shall be available to persons who have demonstrated an interest in the purposes of the organization and the ambulatory surgery industry. Individual members are voting members of the Association.

Individual Member Benefits:

Early receipt of the Annual Conference Call for Presentations; Access to "Members Only" page on CASA's website (includes CASA Member List); Early notice of Conferences, Seminars, Critical ASC issues and CareerLink Postings; Eligibility to serve on CASA's Committees and Board of Directors; Conference and Seminar Registration discounts.

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

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

MEMBERSHIP FEE SCHEDULE

FOR ORGANIZATIONS/COMPANIES

AUXILIARY Membership \$775
Your membership will be listed under your **business** name and includes web link to your website from our Partners Page
Please provide your web address on second page

FOR ONE INDIVIDUAL MEMBER ONLY

INDIVIDUAL Membership \$575
Your membership will be listed only under **your** name

Voluntary PAC contribution: \$7,800 \$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 \$7,800 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 \$7,800. 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 AND APPLICATION TO:

PO Box 292698 • Sacramento, CA 95829

Fax: 1-844-273-8336 | Email: membership@casurgery.org

Questions: 209-384-1640

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

MC/VISA/AMEX#: _____ Exp Date: _____

Name on card
(please print clearly): _____

Signature: _____

Please provide a brief description of your company product or service on the next page.

By submitting an application for membership or for renewal of membership, the Facility, Individual and / or Vendor acknowledges that it has reviewed the CASA Code of Conduct and Bylaws, and pledges, without reservation to adhere to the standards of practice and conduct set forth therein, with regard to the quality of ambulatory care provided and the management of all other aspects of the member's operations as well as with regard to participation in the credentialing process itself. **To review CASA's complete Bylaws & Code of Conduct, please visit www.casurgery.org.**

AUXILIARY MEMBER VENDOR INFORMATION

Auxiliary Members:

Please provide the following information for inclusion on the CASA Partners page.

Your Website Address: _____

Please categorize my business on the CASA website as (choose multiple if applicable):

_____ **PREFERRED PARTNER***

- | | |
|---|--|
| _____ Accrediting Agencies | _____ Fluoroscopy and Radiology |
| _____ Anesthesia | _____ Group Purchasing Organizations |
| _____ Architects | _____ Infection Prevention |
| _____ Billing | _____ Information Technology |
| _____ Bio-Medical | _____ Insurance |
| _____ Business Services | _____ Laundry and Linen Service |
| _____ Clearing Houses | _____ Legal |
| _____ Coding | _____ Management and Development |
| _____ Coding and Auditing | _____ Marketing Design and PR |
| _____ Collections | _____ Medical Equipment and Repair |
| _____ Compounded Sterile Preparations | _____ Medical Supplies |
| _____ Construction Services | _____ Medical Waste Management |
| _____ Credentialing | _____ Patient Engagement |
| _____ Development and Certification Consultants | _____ Pharmacy |
| _____ Devices | _____ PI Lien Recovery |
| _____ Energy Management | _____ Quality and Risk Healthcare Consulting |
| _____ Equipment Suppliers and Maintenance | _____ Staffing |
| _____ Finance | _____ Transcription |

Or, please create a new category for my company:

*Preferred Partner Status

I would like to be highlighted as a Preferred Vendor on the CASA website.

I provide CASA members with a discount for my services. My discount for members is:
