

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 \$800
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 \$600
Your membership will be listed only under **your** name

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 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):

- | | |
|--|--|
| <input type="checkbox"/> PREFERRED PARTNER* | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Accrediting Agencies | <input type="checkbox"/> Inventory Management |
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Laundry and Linen Service |
| <input type="checkbox"/> Architects | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Architecture, Construction, Development | <input type="checkbox"/> Liquidation of Medical Equipment/Facilities |
| <input type="checkbox"/> Billing | <input type="checkbox"/> Litigation Consulting |
| <input type="checkbox"/> Bio-Medical | <input type="checkbox"/> Management and Development |
| <input type="checkbox"/> Business Services | <input type="checkbox"/> Marketing Design and PR |
| <input type="checkbox"/> Clearing Houses | <input type="checkbox"/> Medical Equipment and Repair |
| <input type="checkbox"/> Coding | <input type="checkbox"/> Medical Supplies |
| <input type="checkbox"/> Coding and Auditing | <input type="checkbox"/> Medical Waste Management |
| <input type="checkbox"/> Collections | <input type="checkbox"/> Patient Engagement |
| <input type="checkbox"/> Compounded Sterile Preparations | <input type="checkbox"/> Payer/Managed Care Contracting/Negotiations |
| <input type="checkbox"/> Construction Services | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Credentialing | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Development and Certification Consultants | <input type="checkbox"/> Physician Group |
| <input type="checkbox"/> Devices | <input type="checkbox"/> PI Lien Recovery |
| <input type="checkbox"/> Energy Management | <input type="checkbox"/> Quality and Risk Healthcare Consulting |
| <input type="checkbox"/> Equipment Suppliers and Maintenance | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Refurbished Medical Equipment |
| <input type="checkbox"/> Fluoroscopy and Radiology | <input type="checkbox"/> Regulatory & Economic Risk Consulting |
| <input type="checkbox"/> Group Purchasing Organizations | <input type="checkbox"/> Software Services |
| <input type="checkbox"/> Healthcare Data | <input type="checkbox"/> Staffing |
| <input type="checkbox"/> Hospital/Physician Joint Venture | <input type="checkbox"/> Strategy |
| <input type="checkbox"/> Infection Prevention | <input type="checkbox"/> Surgical Instruments and Endoscopy Repair |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Transcription |

Or, please create a new category (or categories) for my company:

*Preferred Partner Status

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

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