

2026 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:

OWNERSHIP

_____ % Owned by Physicians
_____ % Owned by Hospital/Health System
_____ % Owned by Other

FACILITY INFO

Number of Operating Suites _____
Annual Number of Surgeries _____
Year Opened _____

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 ☐ The Joint Commission ☐ HFAP

**PLEASE MAKE YOUR CHECK PAYABLE TO CASA
and MAIL CHECK OR CREDIT CARD INFORMATION,
APPLICATION and PROOF OF CERTIFICATION TO:**

CASA • PO Box 292698 • Sacramento, CA 95829

Email: membership@casurgery.org

Questions: 530-790-7990

Membership fees are due upon joining.

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

Membership dues are not tax deductible.

ANNUAL MEMBERSHIP FEE SCHEDULE

☐ FACILITY Membership

1 Operating Room \$775
2-3 Operating Rooms \$975
4+ Operating Rooms \$1,200

☐ CORPORATE FACILITY Membership

Companies with 4-9 centers in CA that are CASA members \$925/center
Companies with 10+ centers in CA that are CASA members \$875/center

Please indicate name of corp ownership/management: _____

PAC CONTRIBUTION

The CASA PAC is the **ONLY** political giving vehicle **SPECIFICALLY**
focused on **ASC** issues in **California**. PAC funds raise **CASA's** name
identification and recognition at the State Capitol and amongst the
Legislature. There

is strength in unity and numbers, and making various contributions to key
individuals on behalf of **CASA** places and keeps our name at the forefront
of healthcare-related discussions. Your contribution is critical to our
industry success and our ability to be proactive in the political arena.

Voluntary PAC contribution:

☐ \$9,800 ☐ \$2,500 ☐ \$1,000 ☐ \$500 ☐ 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 \$9,100 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 \$9,100. PAC contributions can only be used for campaign contributions. These funds cannot be used to
pay for lobbying efforts. Contributions are not tax deductible.

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

CC#: _____ Exp Date: _____

Name on card
(please print clearly): _____

Signature: _____

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/bylaws.