

2025 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): _____

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:

- \$9,100 \$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.

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

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

CC#: _____ Exp Date: _____

Name on card (please print clearly): _____

Signature: _____