



New York State Association of Ambulatory Surgery Centers

*PO Box 8
Elma, NY 14059
(716) 809-1030*

2018 NYSAASC Facility Membership

Membership in the New York State Association of Ambulatory Surgery Centers requires that a facility be a New York State licensed Article 28 facility.

July 1, 2018 – December 31, 2018 Dues **\$375** payable to NYSAASC

Remit Address: **NYSAASC
PO Box 8
Elma, NY 14059**

Facility Name: _____

Address _____

Phone () _____ Fax () _____ NYS Operating Cert.# _____

Specialty: Endoscopy Eye Orthopedic Multi-Specialty Other: _____

Facility Contact(s)

Administrator: _____ E-mail : _____

Clinical Nurse Manager: _____ E-mail : _____

Benchmarking Coordinator: _____ E-mail _____

Medical Director: _____ E-mail: _____

Please include each Manager's email address. Utilizing e-mail allows us to communicate with members quickly and cost effectively.

For Association use only:

Ck# _____ \$ _____ Date received _____