



*New York State Association of  
Ambulatory Surgery Centers, Inc.*

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***2010 Associate Membership***

To join and/or renew Associate Membership in the New York State Association of Ambulatory Surgery Centers, please complete the following information; remit dues of \$700 (*made payable to NYSAASC*) to:

Attention: Marsha Roberts  
NYSAASC  
550 Harrison Street, Suite 230  
Syracuse, NY 13202

Name of Organization: \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Description of business/affiliation with ASC's: \_\_\_\_\_

**Contact person(s)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

***Important!*** Please include your email. We have been utilizing e-mail for the past year and this has allowed us to communicate with members quickly and cost effectively.

You are an important part of our organization – we value your participation!