



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

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Date rec. _____

**2010 NYSAASC Membership**

To join and/or renew membership in the New York State Association of Ambulatory Surgery Centers for 2010 you must be a licensed Article 28 Diagnostic & Treatment facility. Please complete the following information, remit dues of \$500 (*made payable to NYSAASC*):

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

Name of Surgery Center: Operating Cert.#

Select specialty: If OTHER, please specify, \_\_\_\_\_

Address

Phone # Fax #

**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 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!*