



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

ck# _____ \$ _____
Date rec. _____

2011 NYSAASC Membership

To join and/or renew membership in the New York State Association of Ambulatory Surgery Centers for 2011 you must be a licensed Article 28 Diagnostic & Treatment facility. Please complete the following information, remit dues of \$500 (**made payable to NYSAASC**):

Attention: Susan Ruhland
NYSAASC
c/o Buffalo Ambulatory Surgery Center
3095 Harlem Road, Cheektowaga, NY 14225

Name of Surgery Center: _____ Operating Cert.# _____

Specialty: Endoscopy Eyes Orthopedics Multi-specialty 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!