# **2025 Membership Application**

Please duplicate this application and complete if you are applying for MASA membership for more than one freestanding ASC.

Name of Facility(s)

Name of Corporation (if applicable)

Center Representative / Title

Address

City State Zip Code

Phone Fax

E-Mail

To better represent our members, please consider sharing the following information..

Year Established \_\_\_\_\_\_\_\_ Number of dedicated operating rooms \_\_\_\_\_\_ Procedure Rooms \_\_\_\_\_\_

The Facility is: Independently owned Corporate owned Hospital owned Joint Venture

If a Joint Venture, please check all that apply:

Physicians Corporate Partner Hospital Management Company

1. Is your facility accredited? Yes No If yes, by whom?

 Joint Commission AAAHC AAAASF AAPSF Other

2. Does your facility have a Certificate of Need? Yes No Letter of Exemption? Yes No

3. How many cases did your facility perform last year?

5. Type of facility? Single Specialty Multi-Specialty

6. Please check all specialties performed at your ASC Cosmetic Surgery Dermatology ENT

 GI/Endoscopy General Surgery GYN Ophthalmology Orthopedics Pain Management

 Podiatry Urology Vascular Surgery Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Is your center keeping patients for an extended recovery periods (23 hr. stay)? Yes ☐ No ☐

Information contained herein is for MASA use only.

Single Surgery Center $ 400.00

Corporate Owned with Multiple ASCs Please email Andrea (info@mdasc.org)

**Dues must be paid by March 15th, 2025**

**Payment Options:**

 **\_\_\_\_\_\_\_\_** Register on website at mdasc.org, Pay by Credit Card via PayPal

 \_\_\_\_\_\_\_\_Check enclosed (Please make checks payable to MASA, address below)

 \_\_\_\_\_\_\_\_Visa \_\_\_\_\_\_\_\_MasterCard \_\_\_\_\_\_\_\_American Express

Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Security Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name as it appears on the card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MASA**

**P.O.Box 5859**

**Pikesville, MD 21282**

**Attention: Andrea M. Hyatt, CASC**

**MASA needs active participation by members on its committees. Please indicate your interest(s):**

**Board of Directors Membership Event Planning** ☐ **Legislative**