



2012 Facility and Vendor Membership Application

Please complete the following:

Legal Facility (CON) Name: _____		
DBA Name: _____		
Address: _____		
City: _____	State: _____	Zipcode: _____
Telephone: _____	Fax: _____	Web Address: _____
Facility Ownership % - Physician _____ % Corporate _____ % Hospital _____ % VENDOR _____		
Facility License # _____ Facility Surgical Specialties: _____		
Administrator/CEO/Executive Director: _____		
Medical Director: _____		

As a facility member, any employee of your ASC can attend MASA meetings and receive newsletters and email updates. Please complete the contact information (including title) below for each person-**Please PRINT:**

Name of MASA Voting Member (<i>usually Administrator/CEO/ED</i>)	Email
<i>NAME</i> <i>TITLE</i>	Email
<i>NAME</i> <i>TITLE</i>	Email
<i>NAME</i> <i>TITLE</i>	Email
<i>NAME</i> <i>TITLE</i>	Email
<i>NAME</i> <i>TITLE</i>	Email
<i>NAME</i> <i>TITLE</i>	Email

Please feel free to add additional names on additional page (attach). Thank you.

2012 MASA Membership Fees:

2012 Facility member

\$1,000.00

Dues will run January through December 31, 2012

Check (enclose in envelope with this completed form)

Credit Card (complete information below – enclose in envelope and return)

CREDIT CARD INFORMATION:

Name on card: _____

Credit Card Number: _____

Expiration Date: _____ Billing Zipcode: _____

Amount to bill \$ _____ Authorized Signature _____

Please mail **completed form** and check payable “MASA” or complete the Credit Card information on this form. Mail completed for to:

MASA
Attn: Marcy Lay
124 W. Allegan, Suite 1700
Lansing, MI 48933

If you have any questions, please feel free to contact Marcy Lay at 517-485-4044 or laym@ckronline.com