Illinois Ambulatory Surgery Center Association

Application for Membership

Please tell us about your ambulatory surgery center (ASC)

Membership is available for ASCs licensed in the state of Illinois. Please send proof of license with your application.

❑ Active Member ($1,000 yearly): Any ASC that is licensed in the state of Illinois.

ASC Information

Facility Name (*the legal name of your ASC*)

Facility Address

City State Zip (please include all nine digits)

Telephone Fax

Facility Website Address

Administrative Director (Business Manager) Name* Email
**The Administrative Director will be listed as the contact to receive dues invoices yearly.*

Medical Director Name Email

Director of Nursing Name Email

Individual authorized to vote at any meeting of the membership Email

Accreditation

❑ TJC ❑ AAAASF ❑ AAAHC

Facility Specialty/Services Provided (check all that apply)

❑ Cardiovascular ❑ Dermatology ❑ General Surgery ❑ Gastroenterology ❑ Neurological ❑ OB/Gynecology

❑ Oral/Maxillofacial ❑ Ophthalmology ❑ Laser Eye Surgery ❑ Orthopedics ❑ Otolaryngology ❑ Pain Management

❑ Plastic ❑ Podiatry ❑ Thoracic ❑ Urology

Additional Information

Year Opened (Opening):_____ Number of Operating Rooms:_____ Number of Procedure Rooms:_____

Annual Number of Surgeries: _____ Medicare Certified: ❑ Yes ❑ No ASC Illinois License #:_____

Application to Illinois Ambulatory Surgery Center Association implies acceptance of emails, faxes, and other correspondence from this association.

IASCA | Two Woodfield Lake | 1100 E. Woodfield Road, Suite 350 | Schaumburg, IL 60173 | Tel: (847) 517-7229 | Fax: (847) 517-7229 | Email: info@il-asca.org

Payment Information ($1,000)

Please email info@il-asca.org to receive a copy of our W9 form.

❑ Check (payable to IASCA) ❑ Visa ❑ MasterCard ❑ American Express

Credit Card # Expiration Date CVV#

Name on Credit Card

Billing Address

Signature of Cardholder Date

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges thereon) subject to and in accordance with the agreement governing the use of such card.

Please forward application and supporting documents to:

Illinois Ambulatory Surgery Center Association
Membership Department
Two Woodfield Lake
1100 E. Woodfield Road, Suite 350
Schaumburg, IL 60173

Alternatively, please send the completed application and supporting documents to Amy Wilson in the Membership Department either by email to amy@wjweiser.com or by fax to (847) 517-7229.

If accepted for membership, I hereby agree to abide by the Constitution and Bylaws of the Illinois Ambulatory Surgery Center Association.

Signature of Applicant **Date**