



2017 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.



FACILITY NAME: _____

MAIN CONTACT NAME: _____

EMAIL: _____

2017 Facility Member **\$1,000.00**

Dues will run January through December 31, 2017

NEW – ONLINE PAYMENT: www.michiganasc.com *CLICK ONLINE RENEWAL*

Check (enclose in envelope with this completed form)

If using the online renewal, you may discard this invoice and renew online.

If paying by check please mail this form and check to:

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

Please remit 2017 MASA Dues by January 31, 2017

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