



2011 Membership Renewal Application

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

Name of Facility (s) _____

Name of Corporation (if applicable) _____

Center Representative (s) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

Number of dedicated operating rooms _____ procedure rooms _____

The Facility is: Independently Owned ___ Corporately Owned ___ Hospital Owned ___ (check one)

Is this a Hospital/Physician Joint Venture? Yes No (circle one)

Other (specify) _____

Single Surgery Center \$325.00

Center with Multiple Locations \$500.00

Maryland Ambulatory Surgery Association

c/o Andrea Hyatt

Dulaney Eye Institute

901 Dulaney Valley Road

Suite 220

Towson, Maryland 21204