



## New Hampshire Ambulatory Surgery Association Membership Application

CHECK ONE TYPE OF MEMBERSHIP

\_\_\_\_\_ PLATINUM \$3000.00

\_\_\_\_\_ GOLD \$2000.00

\_\_\_\_\_ MEMBERSHIP \$700.00

\_\_\_\_\_ SINGLE MEETING BOOTH SET-UP \$300

Name of Facility (s) \_\_\_\_\_

Name of Corporation (if Applicable) \_\_\_\_\_

Representative Name/ Contact Person \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

Number of dedicated operating rooms \_\_\_\_\_ Procedure rooms \_\_\_\_\_ N/A \_\_\_\_\_

Facility is: (as applicable): Corporately owned: \_\_\_ Hospital Owned \_\_\_ Physician Owned \_\_\_ Other \_\_\_

If other, please specify: \_\_\_\_\_

Make payment to the:

New Hampshire Ambulatory Surgery Association  
c/o Jackie Downing  
60 Commercial St. Suite 201  
Concord, NH 03301  
Non Profit Tax ID # 02-0511095  
[www.nhasa.org](http://www.nhasa.org)