

VENDOR ASSOCIATE MEMBERSHIP FORM
THE INDIANA FEDERATION OF AMBULATORY SURGICAL CENTERS

YEAR, 2009*

Company Name _____

Address _____

City, State, Zip _____

Telephone () _____

Toll-Free phone _____ Fax Number () _____

Email Address _____ Web Site (if available) _____

Representative _____ Title _____

Contact Address & Other Info
If Different Than Listed Above _____

City, State, Zip _____ Phone () _____

Cell Phone () _____ Fax No. () _____

Email address _____

Alternate Representative

Name _____ Title _____

Phone &/or Cell _____ Email _____

VENDOR ASSOCIATE MEMBERSHIP (VAM) DUES

\$400.00 () for the membership year*, July 1st, 2009 through June 30, 2010

MAKE CHECKS PAYABLE TO: IFASC, INC.

Please complete this application and return it to:

Carol Blonar
IFASC Executive Director
P. O. Box 2299
West Lafayette, IN 47996-2299

Direct mailing/membership questions to Carol Blonar
IFASC Executive Director
Phone: (765) 742-0872
Email: execdir@ifasc.com