



Ohio Association of Ambulatory Surgery Centers Board of Trustees Application Form

Name: _____ Phone: _____

ASC Address: _____

Relevant experience and expertise/contribution you believe you can make to
OAASC (you can also attach relevant background information):

OAASC Committees you would like to work on:

Signature of OAASC Member nominating you (can be self):

Emailed and faxed nominations are acceptable. Send to: Heidi Moss at OAASC,
Fax: 614.467.2071 Email: sam@oaasc.net by Nov. 26, 2024.



**Ohio Association of Ambulatory Surgery Centers
Board of Trustees Nomination Letter**

Date: _____

To: OAASC
c/o Heidi Moss, Member Services
Ohio Association of Ambulatory Surgery Centers
P.O. Box 340225
Columbus, OH 43234
sam@oaasc.net

Dear OAASC Board of Trustees:

I _____ am a member of the Ohio Association of
Ambulatory Surgery Centers. I would like to place in nomination the name of _____
_____ as a representative of the OAASC for the state of Ohio.

This nominee has been contacted and is willing to serve as a member of the Board of Trustees
of the Ohio Association of Ambulatory Surgery Centers for a term. Attached is the nominee's
resume for review and consideration.

Nominee's information:

Name: _____

Title: _____

Address _____

Phone _____

Sincerely,

Your Signature

Your Organization