Ohio Association of Ambulatory Surgery Centers
Board of Trustees Nomination

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

Ohio Association of Ambulatory Surgery Centers
Board of Trustees Application Form

Relevant experience and expertise/contribution you believe you can make to OAASC. Please include any past board terms or committee acitivities. (you can also attach relevant background information):

_____

_____

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_____

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

_____

Mailed, faxed and emailed nominations are acceptable. Send to: Heidi Moss, OAASC, P.O. Box 340225, Columbus, OH. Fax: 614.467.2071 Email: sam@oaasc.net by November 20, 2026.