



FOR NACHC USE ONLY:

Batch # _____

IS# _____

7200 Wisconsin Avenue, Suite 210 • Bethesda, MD 20814 • ☎ 301.347.0400 • 📠 301.347.0459

CORPORATE MEMBERSHIP APPLICATION

- Corporate Membership** This category is a non-voting category of membership, open to any for-profit organization, which provides services or products to primary health care programs and supports the mission and goals of NACHC. (Please include a description of the services and/or products your organization provides.)

Dues: \$7,500.00 per fiscal year.

Name of Organization: _____

Key Contact Person: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Fax: (____) _____

E-Mail Address: _____ Web Address: _____

Membership Dues Payment Information:

We wish to pay our dues in: Check enclosed in the amount of \$ _____
(Payment should be mailed to the address on the first page)

Please charge the credit card number listed below:

Type of Credit Card: American Express MasterCard Visa

Card Number: _____

Expiration Date: _____ Amount: _____

Name on Card: _____

Card Holder's Signature: _____

Confirmation of Membership will be mailed within two weeks of receipt of membership dues payment. However, member benefits begin immediately upon receipt of dues payment. For Questions, please contact the Membership Department at (301) 347.0400.