



FOR NACHC USE ONLY:

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

INDIVIDUAL MEMBERSHIP APPLICATION

Please print or type the requested information below

_____/_____
[First Name] [Last Name]

[Title]

[Mailing Address]

_____/_____/_____/_____
[City] [County] [State] [Zip]

_____/_____/_____
[Telephone] [Fax] [E-Mail]

INDIVIDUAL MEMBERSHIP CATEGORIES: (Please check one)

- Full Membership (\$65.00)** – These members are on our electronic mailing list and receive an annual subscription to *Community Health Forum* magazine. If your health center is an Organizational Member of NACHC, you may also participate on committees/task forces.
- Basic Membership (\$30.00)** – These members are on our electronic mailing list. If your health center is an Organizational Member of NACHC, you may also participate on committees/task forces.
- Full Lifetime Membership (\$325.00)** – These members are on our electronic mailing list and receive an annual subscription to *Community Health Forum* magazine. If your health center is an Organizational Member of NACHC, you may also participate on committees/task forces.



NATIONAL ASSOCIATION OF
Community Health Centers

ORGANIZATIONAL AFFILIATION:

[Name]

[Address]

_____/_____/_____/_____
[City] [County] [State] [Zip]

[Telephone]

[Fax]

[E-Mail]

Is this organization a member of NACHC?

- Yes, Member ID # _____
 No
 Uncertain

DUES PAYMENT METHOD:

- Payment is enclosed in the amount of \$ _____
 Please charge the credit card number listed below in the amount of: _____

American Express MasterCard Visa

Card Number: _____

Expiration Date: _____

Name on Card: _____

Authorizing Signature _____ Date _____

Confirmation of Membership will be mailed within two weeks of receipt of membership dues payment; however, Individual Member benefits begin immediately upon receipt of dues payment. For questions, please contact the Membership Department at (301) 347-0400.