NATIONAL ASSOCIATION OF Community Health Centers

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.

Annual Dues: $7,500

SECTION 1. ORGANIZATION INFORMATION (PRINT CLEARLY)

Name of Organization

Key Contact

Title

Address

City **State** **Zip Code**

Telephone **Fax** **E-mail**

Organization Website **Social Media Handle:** ☐ Facebook ☐ Twitter ☐ Instagram ☐ LinkedIn

Three EASY ways to apply:

MAIL
Mail application and payment to:
NACHC Membership Department
7501 Wisconsin Avenue, 1100W
Bethesda, MD 20814

E-MAIL
E-mail application form with credit card information to: **membership@nachc.org**

FAX
Fax application form with credit card information to: **(301) 347-0459**

Sign up as a **NACHC Health Center Advocate** on www.hcadvocacy.org and receive relevant advocacy and policy communications.

☐ Register me as a NACHC Health Center Advocate!

☐ Yes, I would like to receive the one free annual subscription to *Community Health Forum* magazine, unless I advise differently.

SECTION 2. PAYMENT INFORMATION (Payment *MUST* be received with application)

Be sure to attach a brief company description along with an electronic copy of organization's logo.

☐ I authorize NACHC to charge my: ☐ MasterCard ☐ Visa ☐ American Express

☐ Check is enclosed payable to NACHC **PAYMENT ENCLOSED $**_____

Name as it appears on card (Please Print)

Credit Card Number **Expiration Date**

Card Holder's Signature **Date**