

**Organizational Membership:** This category is a voting category of membership, open to any organization that provides comprehensive primary health care services, is governed by a representative consumer majority Board of Directors, and is committed to the purpose and objectives of NACHC.

## SECTION 1. ORGANIZATION INFORMATION (PRINT CLEARLY)

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**Name of Organization**

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**Executive Director (ED) / Chief Executive Officer (CEO)**

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**Executive Assistant**

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**Address**

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**City**

**State**

**Zip Code**

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**Telephone**

**Fax**

**E-mail**

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**Organization Website**

**Social Media Handle:**  Facebook  Twitter  Instagram  LinkedIn

## SECTION 2. ORGANIZATION PROFILE (PRINT CLEARLY)

Identify and list four (4) key health center leaders, including Board Chair. Change to appropriate title used at your organization. **NOTE:** The individuals listed below and the ED/CEO will be designated to receive the *Community Health Forum* magazine, unless advised differently.

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**BOARD CHAIR**

**Telephone**

**E-mail**

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**HUMAN RESOURCE DIRECTOR**

**Telephone**

**E-mail**

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**CHIEF MEDICAL OFFICER**

**Telephone**

**E-mail**

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**CHIEF FINANCIAL OFFICER**

**Telephone**

**E-mail**

Yes, register each of us as NACHC Health Center Advocates!

Sign up as a **NACHC Health Center Advocate** on [www.hcadvocacy.org](http://www.hcadvocacy.org) and receive relevant advocacy and policy communications.

List and identify other key health center leaders. **NOTE: The individuals listed below will not receive the Community Health Forum magazine, unless advised differently.**

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**DEVELOPMENT OFFICER** Telephone E-mail

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**CHIEF OPERATING OFFICER** Telephone E-mail

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**CHIEF INFORMATION/IT OFFICER** Telephone E-mail

**A. LOCATION (Select one):**  Urban  Rural

**B. FUNDING BASE: (Check all that apply)**

**UDS#:** \_\_\_\_\_

Section 330 Funding: \_\_\_\_\_

New Start (State Date): \_\_\_\_\_

FQHC look-a-like: \_\_\_\_\_

Other: \_\_\_\_\_

**SECTION 3. MEMBERSHIP DUES WORKSHEET**

The NACHC Membership year begins on July 1<sup>st</sup> and ends on June 30<sup>th</sup>. Use the sample worksheet below to determine your annual dues amount. You can get your health center's total costs from Table 8A (Financial Cost Page) of the UDS Report. **NOTE:** Adjustments should be made in the cost figure if the applicant is a satellite site and is joining as a member separate from the grantee organization. **Dues are capped at \$20,000 per year.**

**Example**

<b>Total Costs</b>	_____	\$2,000,000
<b>Less 10%</b>	_____	\$200,000
<b>Total</b>	_____	\$1,800,000
<b>Total X 0.004</b>	_____	X 0.004
<b>Your Annual Dues</b>	_____	<b>\$7,200</b>

**BE SURE TO ENCLOSE THE FOLLOWING:**

**SECTION 4. PAYMENT INFORMATION (Payment *MUST* be received with application)**

Select Payment Installation:  Annual  Semi-Annual  Quarterly

I authorize NACHC to charge my:  MasterCard  Visa  Amex

Check is enclosed payable to NACHC

Payment

Copy of the organization's most recent Audited Financial Statements

Copy of Organization's Bylaws

**PAYMENT ENCLOSED \$** \_\_\_\_\_

\_\_\_\_\_  
**Name as it appears on card (Please Print)**

\_\_\_\_\_  
**Credit Card Number**

\_\_\_\_\_  
**Expiration Date**

\_\_\_\_\_  
**Card Holder's Signature**

\_\_\_\_\_  
**Date**