

Individual Membership Application

Individual Membership: This category is open to individuals who support the mission and goals of NACHC.

SECTION 1. INDIVIDUAL MEMBERSHIP CATEGORIES (SELECT ONE)

Full Lifetime Membership (\$325.00 one-time): Members will receive relevant and timely information from NACHC, in addition to an annual subscription to the *Community Health Forum* magazine. If your health center is an Organizational Member of NACHC, you may also participate on committees/task forces.

Individual Membership (\$30.00/year): This category of membership allows members to receive relevant and timely information from NACHC. If your health center is and Organizational Member of NACHC, you may also participate on committees/task forces.

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**

SECTION 2. INDIVIDUAL PROFILE (PRINT CLEARLY)

Name

Mailing Address

City State Zip Code

Telephone Fax E-mail

Register me as a NACHC Health Center Advocate!

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

SECTION 3. ORGANIZATION AFFILIATION (PRINT CLEARLY)

Name of Organization

Address

City State Zip Code

Telephone Fax E-mail

Is your organization a NACHC member? (Select one) Yes No I'm not sure

IDENTIFY THE NATURE OF YOUR AFFILIATION (Select One)

- Board Member
- Staff Member. List your title: _____
- Vendor and/or Consultant _____
- Other _____
- N/A

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

Select Individual Membership Level:

- Lifetime Individual (Dues: \$325.00 one-time)
- Individual (Dues: \$30.00/year)

TOTAL PAYMENT ENCLOSED: \$ _____

- Check is enclosed payable to NACHC
- I authorize NACHC to charge my credit card

Select One: MasterCard Visa American Express

Name as it appears on card (Please Print)

Credit Card Number

Expiration Date

Card Holder's Signature

Date