



NATIONAL ASSOCIATION OF
Community Health Centers

FOR NACHC USE ONLY:

Batch # _____

IS# _____

7501 Wisconsin Avenue, Suite 1100W • Bethesda, MD 20814 • 301.347.0400 • 301.347.0459

NACHC ORGANIZATIONAL MEMBERSHIP APPLICATION

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.

Please print or type the requested information below

[Name of Organization]

[Executive Director/CEO]

[Address]

[City]

/[County]

/[State]

/[Zip]

[Telephone]

/[Fax]

/[E-Mail]

Applicant Profile

Location:

Urban

Rural

Funding Base

Please check all that apply:

Section 330 Funding: _____

UDS # _____

New Start/ Start Date _____

FQHC look-a-like Health Center

(non federally funded)

Other: _____

Attach Bylaws

-Over-

NOTE: Key Staff and the Board Chair listed below will be the individuals assigned to receive the Community Health Forum magazine unless advised differently.

Federally Funded Applicants (Section 330 Only)

Key Organizational Staff/Board

[CEO/ED: Name, Phone Number & E-mail Address]

[Executive Assistant: Name, Phone Number & E-mail Address]

[Board Chair: Name, Phone Number & E-mail Address]

[Clinical Director: Name, Phone Number & E-mail Address]

[Fiscal Officer: Name, Phone Number & E-mail Address]

Membership Dues Worksheet

The NACHC membership year runs from July 1st through June 30th. Effective July 1, 2001, Organizational Membership dues are calculated as follows:

Federally-Funded Health Care Programs (Section 330 funded health centers):

Subtract 10 (ten) percent from the organization's total cost as reflected in your most recent Financial Audited Statements. Assess 0.004 to the new number to determine the annual dues amount.

Total Costs	_____	<u>Example</u> \$2,000,000
	(Table 8 of the Financial Cost Page)	
Less 10%	_____	\$200,000
Total	_____	\$1,800,000
Total times 0.004	_____	X .004
Annual Dues	_____	\$7,200

CAP = \$20,000 per year

Note: Adjustments should be made in the cost figure if the applicant is a satellite side and is joining as a member separate from the grantee organization.

Note: A copy of the applicant's most recent Audited Financial Statement must be attached with the application.

See pro-ration table located on the back of the application

Payment of Membership Dues

Full (100%)

Semi-Annual Installations (50%), twice per year

Quarterly Installations (25%), four times per year

- Payment is due by the first day of each billing period.

- At least one-quarter (25%) must be received to process the application.

Payment is enclosed in the amount of & _____

Please charge the credit card number listed below:

American Express

MasterCard

Visa

Card Number: _____

Expiration Date: _____

Name on Card: _____

Amount to Charge: _____

Authorizing Signature: _____ Date: _____

Please register me as a NACHC Advocate so that I may receive up-to-date Federal and State policy information.

WHEN RETURNING THIS APPLICATION, THE FOLLOWING ITEMS MUST BE ENCLOSED:

- 1. Payment for the dues as outlined above.**
- 2. Listing of Health Center Officers and Board of Directors and their E-mail Address.**
- 3. NON-FEDERALLY FUNDED HEALTH CENTERS ONLY**
A copy of the most recent Audited Financial Statements.
- 4. OTHER ORGANIZATIONS**
A copy of Bylaws.

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

DUES FIRST YEAR PRO-RATION TABLE

DUES FIRST YEAR PRO-RATION TABLE											
ORGANIZATIONAL RATES						INDIVIDUALS					
	ANNUAL	QUARTERLY DUES	SEMI-ANNUAL DUES	Associate Member	Corporate Member	Level 1	Level 2	Level 3	BASIC	FULL	
JULY	100.00%	100.00%	100.00%	750	5,000	2,500	3,000	5,000	30.00	65.00	
AUG	91.67%	66.67%	83.33%	688	4,583	2,292	2,750	4,583	27.50	59.58	
SEPT	83.33%	33.33%	66.67%	625	4,167	2,083	2,500	4,167	25.00	54.17	
OCT	75.00%	100.00%	50.00%	563	3,750	1,875	2,250	3,750	22.50	48.75	
NOV	66.67%	66.67%	33.33%	500	3,333	1,667	2,000	3,333	20.00	43.33	
DEC	58.33%	33.33%	16.67%	438	2,917	1,458	1,750	2,917	17.50	37.92	
JAN	50.00%	100.00%	100.00%	375	2,500	1,250	1,500	2,500	15.00	32.50	
FEB	41.67%	66.67%	83.33%	313	2,083	1,042	1,250	2,083	12.50	27.08	
MAR	33.33%	33.33%	66.67%	250	1,667	833	1,000	1,667	10.00	21.67	
APR	25.00%	100.00%	50.00%	188	1,250	625	750	1,250	7.50	16.25	
MAY	16.67%	66.67%	33.33%	125	833	417	500	833	5.00	10.83	
JUN	8.33%	33.33%	16.67%	63	417	208	250	417	2.50	5.42	