

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

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)

NOTE: Attach a company description of the services and/or products your organization provides along with an electronic copy of company's logo.

Check is enclosed payable to NACHC

TOTAL PAYMENT ENCLOSED: \$ _____

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

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**