

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)

Name of Organization

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

Executive Assistant

Address

City

State

Zip Code

Telephone

Fax

E-mail

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. **NOTE:** The individuals listed below and the ED/CEO will be designated to receive the *Community Health Forum* magazine, unless advised differently.

BOARD CHAIR

Telephone

E-mail

HUMAN RESOURCE DIRECTOR

Telephone

E-mail

CHIEF MEDICAL OFFICER

Telephone

E-mail

OR Select Appropriate Title: CLINICAL DIRECTOR MEDICAL DIRECTOR OTHER _____

CHIEF FINANCIAL OFFICER

Telephone

E-mail

OR Select Appropriate Title: FISCAL OFFICER FISCAL DIRECTOR OTHER _____

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

A. LOCATION (Select one): Urban Rural

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

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 1st and ends on June 30th. 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

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

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

Select Payment Option: Annual Semi-Annual Installations Quarterly Installations

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

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**

BE SURE TO ENCLOSE THE FOLLOWING:

- Payment
- Copy of the organization's most recent Audited Financial Statements
- Copy of Organization's Bylaws