

# 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

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Mailing Address

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City State Zip Code

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Telephone Fax E-mail

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Register me as a NACHC Health Center Advocate!

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

## SECTION 3. ORGANIZATION AFFILIATION (PRINT CLEARLY)

Name of Organization

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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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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**