

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 / Chief Executive Officer

ED/CEO E-mail

Executive Assistant

EA E-mail

Address

City

State

Zip Code

Telephone

Fax

Organization Website

Social Media Handle: Facebook Twitter Instagram LinkedIn

SECTION 2. ORGANIZATION PROFILE (PRINT CLEARLY)

List four leaders at your health center, including Board Chair. Adjust titles as appropriate.

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 OPERATOR 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. PAYMENT INFORMATION (Payment MUST be received with application.)

Organizational Membership dues are calculated based on 90% of a health center’s total budget as listed on Table 8A: Financial Costs of the Uniform Data System (UDS) Report. Provide your Health Center’s Total Budget as reported on Table 8A. NACHC will calculate membership dues based on this information.

Health Center Total Budget: \$ _____

If different from Table 8A, please provide your most recent audited financial statement. NACHC may request a copy of your financial statement at any time.

Dues rates are available via the [Organizational Membership page](#) of NACHC’s website, or contact membership@nachc.org.

Select Payment Installation: Annual Semi-Annual Installations Quarterly Installations

I will authorize NACHC to charge my: MasterCard Visa American Express

If you prefer not to include credit card information on this form, call NACHC at 301-347-0400 during business hours to complete transaction.

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

BILLING CONTACT

NACHC mails and emails invoices for payment installments. If these should include someone other than the CEO, please clarify the best person at your organization to receive these invoices to ensure on-time payment.

Direct emails to:

Name

Title

Email

Direct mailed invoices to:

Name

Title

THREE EASY WAYS TO APPLY:

MAIL

Mail application and payment to:
NACHC
7501 Wisconsin Avenue, 1100W
Bethesda, MD 20814

E-MAIL

E-mail application form to:
membership@nachc.org

FAX

Fax application form to: **(301) 347-0459**