



**National Association of Free Clinics  
2011 State/Regional Association Membership Application**

**MEMBER INFORMATION:**

Association Name: \_\_\_\_\_

EIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

**ORGANIZATIONAL INFORMATION CHECKLIST (please attach to application, if information has changed or new application):**

- Bylaws
- IRS 501(c)(3) letter of determination
- Current operating budget
- Current membership list
- Board roster
- Most recent annual statistical report
- OPTIONAL: Program brochure or other promotional material, if available

**ATTESTATION AND REMITTANCE OF DUES:**

By my signature below, I attest that all of the information contained in this application and the accompanying documents is true to the best of my knowledge.

**State Association Dues**

*State Association Dues are \$10 per association member organization. (Example if there are 10 members in your state organization then your NAFC dues would be \$100)*

*Association membership applies only to the state association organization and not its individual members.*

**Number of Association Members:** \_\_\_\_\_

**2011 NAFC Dues:** \$ \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please make your check payable to the National Association of Free Clinics and mail to:*

**Nicole Lamoureux, NAFC Executive Director  
1800 Diagonal Road Suite 600  
Alexandria VA 22314  
Phone 703-647-7427 [NLamoureux@freeclinics.us](mailto:NLamoureux@freeclinics.us)**