



National Association of Free Clinics 2012 Membership Application

Clinic Name: _____

Federal EIN: _____ **Clinic DBA (If Applicable)** _____

Clinic Physical Address: _____

Mailing Address: _____ **State:** _____ **ZIP+4:** _____

Clinic Phone: _____ **Website:** _____

FAX: _____ **Executive Director:** _____

EMAIL [AN EMAIL ADDRESS MUST BE INCLUDED - PLEASE PRINT CLEARLY & LIST ALL RELEVANT EMAILS]

Primary Contact Email: _____ **Additional Email:** _____

Additional Email: _____ **Additional Email:** _____

ORGANIZATIONAL INFORMATION CHECKLIST (please attach to initial application):

- | | |
|---|---|
| <input type="checkbox"/> Mission statement
<input type="checkbox"/> IRS 501(c)(3) letter of determination
<input type="checkbox"/> Current operating budget | <input type="checkbox"/> Board roster with member affiliations
<input type="checkbox"/> Program brochure or other promotional material, if available |
|---|---|

PROGRAM INFORMATION

Health Care Services Offered (check if applicable): _____ Medical _____ Dental _____ Rx's _____ Mental Health
 _____ Social Services _____ Other: _____

Number of Patient Visits in Past Year: _____ Number of Unduplicated Patients in Past Year: _____

Clinic Hours: _____ Year Program Incorporated: _____

NUMBER OF VOLUNTEERS AT THIS SITE:

Medical Providers: _____ (MD, NP, PA, DO)	Pharmacy Providers: _____ (RPh, Pharmacy Technicians)
Dental Providers: _____ (DDS, RDH, Dental Assistants)	Mental Health Providers: _____ (Counselors, Therapists, LCSW, etc.)
Nurses: _____ (RN, LPN, Medical Assistants)	Others: _____ (Health care professionals and lay)

ATTESTATION AND REMITTANCE OF DUES:

By my signature below, I attest that I verified compliance with NAFC membership eligibility criteria. All of the information contained in this application and accompanying documents is true to the best of my knowledge.

2012 NAFC DUES: \$ _____
 (Insert the applicable amount from table at right)

SIGNATURE: _____

DATE: _____

(I understand that the NAFC will negotiate discounted prices with Partners, vendors and does so for its members.)

2012 NAFC Dues Schedule:	
<u>Current Operating Budget</u>	<u>Dues</u>
0-\$100,000	\$100
\$100,001-250,000	\$200
\$250,001-500,000	\$350
\$500,001-750,000	\$750
\$750,001-1M	\$1000
\$1,000,001-3M	\$1500
\$3,000,001-4,999,999	\$2,000
\$5 million +	\$3,500

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

Lau'ren J. Thornton, NAFC Membership Manager
 1800 Diagonal Road, Suite 600 Alexandria VA 22314
 Phone: 703-647-7427 LThornton@FreeClinics.us