



# National Association of Free & Charitable Clinics Membership Application

## Special State Association Offer for First-Time NAFC Members: valid 2020 only

Organization Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

General Phone (for website): \_\_\_\_\_ Administrative Phone: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Primary Contact Email: \_\_\_\_\_

Additional Contact: \_\_\_\_\_ Additional Contact Email: \_\_\_\_\_

Federal EIN: \_\_\_\_\_ Cash Operating Expenses: \_\_\_\_\_

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

**Does your organization charge any fees to patients?**  No  Yes - If yes, how much? \_\_\_\_\_

**Which of the following insurance programs does your organization bill?**

Medicaid  Medicare  SCHIP  Other  None

NAFC Dues Amount (see table on right): \$ \_\_\_\_\_

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

*By my signature, I attest that I verified compliance with NAFC membership eligibility criteria. I understand that the NAFC will negotiate and bind on behalf of its members, discounted prices with partners, vendors, companies and others, and that these partners may contact my organization to discuss member benefits. I understand that my organization will be required to provide annual data reports and/or surveys as requested.*

- I will be mailing in my membership dues payment by check.
- I would like to pay for my membership by credit card, please use the following information for payment:

### NAFC Dues Schedule:

#### Current Cash Operating Budget Dues

	Current Cash Operating	Budget Dues
Student-Run Clinic	\$240	\$240
\$0-250,000	\$240	\$240
\$250,001-500,000	\$240	\$420
\$500,001-750,000	\$240	\$900
\$750,001-1M	\$240	\$1,200
\$1,000,001-3M	\$240	\$1,800
\$3,000,001+	\$240	\$2,400

Name as it appears on card: \_\_\_\_\_  Visa  MasterCard  Amex

Billing Address for card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Security Code: \_\_\_\_\_

**Please make your check payable to the NAFC and mail to:**  
National Association of Free & Charitable Clinics  
1800 Diagonal Road, Suite 600, Alexandria, VA 22314  
Phone: 703-647-7427 – Ariana@nafcclinics.org