



National Association of Free & Charitable Clinics Membership Application Form

Organization Name: _____

Physical Address: _____ City: _____ State: _____ ZIP: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

General Phone (for website): _____ Admin Phone (for NAFC staff): _____

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? _____

Do you bill any of the following insurance programs? 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	
Student-Run Clinic	\$240
\$0-250,000	\$240
\$250,001-500,000	\$420
\$500,001-750,000	\$900
\$750,001-1M	\$1,200
\$1,000,001-3M	\$1,800
\$3,000,001+	\$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 email the following scanned documents to ariana@nafcclinics.org: IRS Form 990, IRS 501c3 Determination Letter, and Board of Directors List.**

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