



National Association of Free & Charitable Clinics Membership Application

Organization Name _____

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

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

General Phone: _____ Admin Phone: _____ Website: _____

Primary Contact: _____ Primary Email: _____

Additional Contact: _____ Additional Email: _____

Federal EIN: _____ Cash Operating Expenses: _____

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

Please check the insurance programs your organization accepts:

- Medicaid
 Medicare
 SCHIP
 Other
 Our organization does not accept any insurance program

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.

NAFC Dues Schedule:	
<u>Current Cash Operating</u>	<u>Budget Dues</u>
0-\$100,000	\$200
\$100,001-250,000	\$240
\$250,001-500,000	\$420
\$500,001-750,000	\$900
\$750,001-1M	\$1,200
\$1,000,001-3M	\$1,800
\$3,000,001-4,999,999	\$2,400
\$5 million +	\$3,500

Please mail or email this form in to the NAFC along with a copy of your organization's IRS Form 990. If you would like to email the form, please send to Ariana@nafclinics.org.

Payment can be made via check, or credit card. If you are interested in making a credit card payment for your dues, please contact Ariana Gordillo at (703) 647-7427 or Ariana@nafclinics.org.

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@nafclinics.org