



National Association of Free & Charitable Clinics
State Association Membership Application

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

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

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Federal EIN: \_\_\_\_\_

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

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

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

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

Does your state have a legislative week/month/day? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when? \_\_\_\_\_

When is your state association annual meeting? \_\_\_\_\_

Would you like the NAFC to post your state meeting date on our website's Events Calendar? \_\_\_\_\_ Yes \_\_\_\_\_ No

ORGANIZATIONAL INFORMATION CHECKLIST:

State Association Dues:

State Association Dues are \$10 per eligible member in your state association. (Example - 10 eligible members multiplied by \$10 = \$100 Dues)

Free and Charitable Clinics are defined as:

Free and charitable clinics are safety-net health care organizations that utilize a volunteer/staff model to provide a range of medical, dental, pharmacy, vision and/or behavioral health services to economically disadvantaged individuals. Such clinics are 501(c)(3) tax-exempt organizations, or operate as a program component or affiliate of a 501(c)(3) organization.

Entities that otherwise meet the above definition, but charge a nominal/sliding fee to patients, may still be considered free or charitable clinics provided essential services are delivered regardless of the patient's ability to pay. Free or charitable clinics restrict eligibility for their services to individuals who are uninsured, underinsured and/or have limited or no access to primary, specialty or prescription health care.

Number of Association Members: \_\_\_\_\_ NAFC DUES: \$ \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ATTESTATION AND REMITTANCE OF DUES:

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 and/or donated products & services with partners, vendors, companies and others, and that these partners may contact the clinic to discuss member benefits. I understand that my organization will be required to provide annual data reports and/or surveys as requested.

Please mail or email your 501c3 letter of determination along with this form. 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 ariana@nafclinics.org or call (703) 647-7427.

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

National Association of Free & Charitable Clinics
1800 Diagonal Road, Suite 600 Alexandria VA 22314
Phone: (703) 647-7427 info@nafclinics.org