



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 prices with partners, vendors, companies and others, and that these partners may contact my organization to discuss member benefits. I understand that a requirement of NAFC membership is to provide annual data reports and/or surveys as requested. I understand that the NAFC may utilize submitted data to secure funding and in-kind donations for its membership, as well as for advocacy and storytelling. I understand that the NAFC provide best practice resources, listserves and guidance to Member Organizations, however, it is each members responsibility to confirm with legal counsel, state and local laws. The National Association of Free and Charitable Clinics does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

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 Melanie Castillo at melanie@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