



AFFILIATE MEMBERSHIP APPLICATION

For organizations that have a vested interest/mission in supporting access to care
for low-income, medically vulnerable individuals

Organization Name: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (If different):

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Website: _____

Primary Contact / Title: _____

Primary Email: _____

ORGANIZATION INFORMATION

Section must be fully completed in order for application to be processed.

Medical Dental Mental Health Social Services DME Provider Pharmacy Services

Legal Services FQHC Corporate Other (Please explain)

Service(s) provided: _____

Area(s) served: _____

Please share with us why you would like to join the NC Association of Free & Charitable Clinics. _____

2016 NAFCC Dues Amount (Dues will be billed separately)

SIGNATURE: _____ Date: _____

By my signature, I attest that I verified compliance with
NAFCC membership eligibility criteria.

Return with \$100 non-refundable application fee to:

NC Association of Free & Charitable Clinics
1399 Ashleybrook Lane
Suite 110
Winston-Salem, NC 27103

NC Association of Free & Charitable Clinics

2016 DUES SCHEDULE

\$125 Affiliate Member

Call for more information: 336-251-1111