North Carolina Association of Free & Charitable Clinics

ASSOCIATE MEMBERSHIP APPLICATION

Organization Name: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (*If different*):

City: _____ State: _____ ZIP: _____

Does your clinic have any satellite sites? If so, please attach their contact information on a separate sheet of paper.

Phone: _____ Fax: _____ Website: _____

Primary Contact / Title: _____

Primary Email: _____

CLINIC INFORMATION

Must be fully completed in order for application to be processed. Please use N/A if not applicable.

Health Care Services Offered (check if applicable): ☐ Medical ☐ Dental ☐ Mental Health ☐ Social Services

Pharmacy (check if applicable): ☐ Licensed Pharmacy ☐ NC MedAssist ☐ Dispensing License/Pharmacy Closet

☐ Other: _____

Number of Paid Staff: Full Time: _____ Part Time: _____

Number of Patient Visits in Past Year: _____

Number of Unduplicated Patients in Past Year: _____

Clinic Hours of Operation:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____ Sunday: _____

Monthly Only: Day: _____ Hours: _____

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

_____

_____

Areas Served by Clinic (if there's a restriction):

_____

Patient Eligibility Requirements:

_____

_____

NUMBER OF STAFF/VOLUNTEERS (example 5S/12V)

Medical Providers (MD, NP, PA, DO): _____S _____V Nurses (RN, LPN, Medical Assistants): _____S _____V

Pharmacy Providers (RPh, Pharmacy Technicians): _____S _____V

Medical/Dental/Nursing Students: _____S _____V

Dental Providers (DDS, RDH, Dental Assistants): _____S _____V

Mental Health Providers (Counselors, Therapists, LCSW): _____S _____V

Non-Medical Volunteers: _____S _____V

OTHER

Does your clinic have a formal collaboration with your local hospital? ☐ No ☐ Yes

Please check the insurance programs your clinic accepts:

☐ Medicaid ☐ Medicare ☐ SCHIP ☐ Other

Operating budget _____

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 and copy of 501(c)3 status 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

$100 New Member Application Fee
$250 Associate Member

Call for more information:
336-251-1111

North Carolina Association
of Free & Charitable Clinics