



Florida Association of Community Health Centers, Inc.

Application for Membership

Date: _____

Name: _____

Title: _____

Business Affiliation: _____

Mailing Address: _____

Street Address: _____

Telephone Number: (____) _____

Fax Number: (____) _____

Email Address: _____

Website: _____

FACHC’s mission is to improve the health and equity of basic health services among the people of Florida by bringing together organizations and persons to work for the advancement of consumer governed primary health care organizations which provide accessible, quality, cost effective health services to all persons regardless of their social and economic circumstances.

Please submit responses to each of the following questions:

What type of membership is being applied for: ___ Organizational ___ Associate ___ Individual

Is there a FACHC Member recommending you for membership? _____
(if applicable)

How do your organization’s mission and goals relate to FACHC’s mission?

What are your goals or interests in becoming a FACHC Member?

What expertise or contribution can you offer to the Association as a member?

Do you have any affiliation with a Federally Qualified Health Center or an entity seeking designation as a Federally Qualified Health Center? Are you a Health Center Board Member, Contributor, Vendor or Public Health Advocate? If yes, please provide additional detail.

Yes ___ No ___



Membership Categories

Organizational Member

A not-for-profit organization, funded through 330 grants, engaged in providing primary or outpatient care under the governance of a Board of Directors whose majority consists of low-income health services consumers.

Associate Member

An organization not defined as an organizational member, which is dedicated to serving medically underserved communities (ex. Area Health Education Centers, hospital associations, and others).

Individual Member

Any individual with an interest in primary health care services to all persons regardless of their social or economic circumstances, who meets the requirements of membership, is not a recipient of 330 funds and does not meet the definitions outlined in the other classes of membership.

Annual Dues

- **Organizational Member**
 - **First Year:** \$1000
 - **Thereafter:** Dues based on federal data reporting requirements
- **Associate Member:** \$500
- **Individual Member:** \$125

Applications must be recommended by the FACHC Membership Committee and approved by the Board of Directors. The Board of Directors meets three times annually, in February, July and October. Therefore, a decision on your application may take up to 150 days, depending on the time of year in which it is received. You will be notified in writing once your application has been voted on at which time you will be asked to submit the appropriate payment.

Mail Application to:

Attention Membership Committee:
Florida Association of Community Health Centers, Inc.
2340 Hansen Lane
Tallahassee, FL 32301