



2022 IAFCC Associate Membership Application

The Illinois Association of Free and Charitable Clinics (IAFCC) is a statewide association that improves access to quality health care for low income individuals who are uninsured and underinsured by: strengthening free and charitable clinics, fostering partnerships, educating the public about free and charitable clinics and advocating for health policy.

Qualifications for Associate Membership

Individuals or organizations that

1. support the mission of IAFCC
2. are committed to providing, or support the provision of, quality healthcare and related services

Membership Type

Please Enclose

<p>NEW ASSOCIATE MEMBERSHIP</p> <p>_____ Individual - \$50.00</p> <p>_____ Organization</p> <p style="text-align: right;">_____ \$250.00</p> <p style="text-align: right;">_____ \$500.00</p>	<p>_____ Membership Application</p> <p>_____ Payment</p> <p>For Organizations</p> <p>_____ Brochure/information about organization</p>
<p>RENEWING ASSOCIATE MEMBERSHIP</p> <p>_____ Individual - \$50.00</p> <p>_____ Organization</p> <p style="text-align: right;">_____ \$250.00</p> <p style="text-align: right;">_____ \$500.--</p>	<p>_____ Membership Application</p> <p>_____ Payment</p> <p>For Organizations</p> <p>_____ Brochure/information about organization</p>

Organization membership fees are based on annual budgets of the applying organization

Annual Budgets	Organizational Fees
\$0-\$500,000-	\$250.00
\$500,000 and over-	\$500.00



Application

Name of Individual or Organization: _____

Address: _____ City: _____
State _____ Zip: _____

Phone: _____ Fax: _____

website: _____

Organization Purpose: _____

Executive Director/CEO: _____

Phone _____

Email: _____

Alternate Contact
Name _____

Title _____

Email: _____

Phone: _____

Make checks payable to IAFCC and send with this form to:

**42 Stephen Street #416
Lemont IL, 60439**

(For questions or additional information, please contact us 312-863-1780 or
info@illinoisfreeclinics.org)

IAFCC Use Only: Date Received: _____ Amount: _____ Check #: _____ Receipt Sent: _____