



# WV Association of Free & Charitable Clinics (WVAFCC)

## 2017 Associate Membership Application

For Organizations, Corporations, Individuals, and Students supporting the purpose and efforts of the WVAFC.

*Your Associate Membership is a tangible demonstration of your support of the work of the WVAFC and its member clinics which provide healthcare to more than 50,000 uninsured and underinsured West Virginians.*

Name: \_\_\_\_\_

Organization or Corporation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ FAX: \_\_\_\_\_

Membership Category: \_\_\_\_\_ **Corporate** (Budgets with over \$1 million in revenues) = **\$750.00**

\_\_\_\_\_ **Corporate** (Budgets with less than \$1 million in revenues) = **\$350.00**

\_\_\_\_\_ **Non-Profit Organizations** = **\$200.00**

\_\_\_\_\_ **Individual** = **\$50.00** \_\_\_\_\_ **Student** = **\$10.00**

Amt. Due: \_\_\_\_\_ May we include your name/org. or corp. in our list of partners? \_\_\_\_\_ (y/n)

*WVAFCC Associate Membership Dues are tax-deductible to the fullest extent allowed by law.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card type: \_\_\_\_\_ Credit Card #: \_\_\_\_\_

3/4 Digit Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Check #: \_\_\_\_\_

*Please note: Credit card payments will be processed through Wheeling Health Right and your **entire** dues amount will be forwarded to the WVAFC. Your completed application with check may be mailed to: WVAFC, 1520 Washington St. East, Charleston, WV 25311. Applications with credit card information may either be mailed to the WVAFC or scanned and emailed to [prpope@wvafc.org](mailto:prpope@wvafc.org). Receipts will be emailed. **Your support of the WVAFC and its member clinics is sincerely appreciated!***