

# CAFCC MEMBERSHIP APPLICATION

## Mission

Our mission is to promote the sustainability and success of California free and charitable clinics statewide by serving as a facilitator for the exchange of resources, ideas and best practices, while serving as an advocate and voice for free and charitable clinics at the national, state and local level.

### Organization Application (Voting Membership)

#### Clinic Organization Name

Mailing Address 1

Mailing Address 2

City ST Zip Code

Clinic Address

City ST Zip Code

Central Phone

Website

#### Primary Contact

Name

Degree (i.e., RN, MD, MSW)

Job Title (i.e., Director, Manager)

Direct Phone Cell Phone

Email

#### Organization Profile

Total # Volunteers:

# Healthcare Providers \_\_\_\_ # Dental Providers \_\_\_\_

# Physicians \_\_\_\_ #Nurses \_\_\_\_ # MSW \_\_\_\_

#Mental Health Providers \_\_\_\_ # Pharmacy Providers \_\_\_\_ # Non-Medical \_\_\_\_

# Other \_\_\_\_\_

Annual Budget:

Are you open: Number days/week \_\_\_\_ Number hours/week \_\_\_\_

Total number of patient visits provided last year: \_\_\_\_\_

Number full-time employees: \_\_\_\_\_ Part-time employees: \_\_\_\_\_

Is your organization: \_\_\_ Non-Profit \_\_\_ For Profit

#### Please Check Annual Fee

Clinic Organization Membership \$150

Student Membership \$ 40

Allied Membership \$ 200

#### Payment Information

1) To pay by check, make payable to: CAFCC

**Mail to: CAFCC Membership**

**C/O M Jean Serafy**

**3188 Grape Street**

**San Diego, CA 92102**

2) To pay by credit card/PayPal, click on **PAY NOW** below.

For membership assistance, please contact: (619) 980-8128 or mjserafy@aol.com