MEMBERSHIP APPLICATION FORM

BASIC INFORMATION

The application must be signed by an official representative authorized by the organization's governing board to sign on behalf of the organization, such as the Executive Director, CEO, or Board President.

Name of Organization

Contact Person | Title

Address | City/State/Zip | County

Phone | Fax | Email

Signature | Title

APPLICANT PROFILE

Organizational Information

Please check category that best describes your organization:

_____ Community Health Center (Section 330)

_____ Migrant Health Center (Section 329)

_____ Health Care for the Homeless (Section 340)

_____ Federally Qualified Health Center (no federal funding)

_____ City or State-Funded Health Center

_____ State or Regional Community-Based Organization Local

_____ Community-Based Organization

_____ Other (please specify)

Location

_____ Urban _____ Rural

Primary Health Services Provided

Please designate the services your organization provides. (On = On Site, Off = Off Site)

Note: If the applicant is an existing CHC, a copy of the latest UDS Report may be submitted in place of the following information.

On	Off		On	Off		On	Off		On	Off	
___	___	Primary Care	___	___	Substance Abuse	___	___	Diagnostic Lab/X-ray	___	___	AIDS/HIV Screening
___	___	OB/GYN	___	___	Preventive	___	___	Optometry	___	___	AIDS/HIV Outpatient Treatment/Care Disease
___	___	Pharmacy	___	___	Transportation	___	___	24-hour On-call	___	___	AIDS/HIV Inpatient Treatment/Care
___	___	Case Management	___	___	Gerontology	___	___	Screening and Control			
___	___	Social Services	___	___	Environmental Health	___	___	Dental	___	___	Alternative/Integrative Health Practices
___	___	Pediatrics	___	___	WIC	___	___	Physical Therapy			
___	___	Health Education	___	___	Nutrition	___	___	Immunization			

Other health/social services provided (please list): _____

Please check primary health services provided by age group: _____ Perinatal _____ Adult _____ Adolescent _____ Pediatric _____ Elderly

Please list languages in which comprehensive primary care services are available:

_____ _____ _____ _____

_____ _____ _____ _____

Patient/Client Profile

What is the total number of patients served? _____ Encounters? _____

What percentage of your patients are AA&NHPI? _____

List the ethnic composition of your AA&NHPI patients:

Ethnicity	Number	% of Total AA&NHPI

Key Organizational Staff

Name	Phone	Email
Executive Director		
Associate Director		
Medical Director		
Fiscal/Operation Director		
Health Education Director		
MIS Director		
Quality Improvement Director/Staff Director		

SELECT MEMBERSHIP TYPE

☐ Full Membership

Open to not-for-profit, 501(c)(3), community health centers whose primary mission is to provide direct primary care services to medically underserved populations, consisting largely of Asian Americans, Native Hawaiians, and Pacific Islanders (AA&NHPIs), living in the United States, its territories, and freely associated states. The level of primary care services offered must be similar to FQHCs or FQHC look-alikes. Full members of AAPCHO nominate and elect members of the Board of Directors. This designated individual also represents the member organization in transactions with AAPCHO. The annual full membership fee is $3,325.00 due upon approval by AAPCHO's Board of Directors.

☐ Associate Membership

Open to not-for-profit community health centers, organizations and associations which are committed to the mission and goals of AAPCHO. Although associate members do not have a voting seat on the Board of Directors, they are encouraged to participate in all other board activities including attending board meetings, committee assignments, and to participate in advocacy efforts. The annual associate membership fee is $665.00 due upon approval by AAPCHO's Board of Directors.

When returning this application to AAPCHO, please enclose the following:

- Completed AAPCHO Membership Application Form.
- Articles of Incorporation and IRS statement verifying not-for-profit status.
- Copy of current mission statement.
- Copy of most recent annual report or one-page organizational description.
- Roster of board officers and affiliations.