



# Louisiana Association of Rural Health Clinics RHC Membership Application

206 Masters Drive \* Broussard, La. 70518 \* membership@la-rhc.org

## **LARHC CLINIC MEMBERSHP DUES SCHEDULE**

- \$ 300 First RHC (includes membership for up to 2 Providers)  
\$ 50 Per Additional Provider (# of additional providers) \_\_\_\_\_
- \$ 150 Each additional RHC (includes membership for up to 2 Providers)  
\$ 50 Per additional Provider (# of additional providers) \_\_\_\_\_

Total Number of additional RHC's \_\_\_\_\_

### PARENT ORGANIZATION and BILLING CONTACT INFORMATION

Application Date \_\_\_/\_\_\_/\_\_\_

Organization Name:		Tax ID	
Primary Contact Person:		Title:	
Primary Contact Email:		Phone:	
Billing Address	City	State	Zip

### CLINIC #1 INFORMATION

Clinic Name:		Tax ID	
Clinic Physical Address:		City	State
		Zip	Phone:
Clinic Contact Person:		Title:	Email:
# of Providers	Provider Names (list all at this location)		

If applying for membership for more than one (1) clinic, please continue to the next page of this application

Please make check payable to: "LARHC" and mail to: **LARHC, 206 Masters Dr. , Broussard, La. 70518**

CLINIC #2 INFORMATION

Clinic Name:			Tax ID		
Clinic Physical Address:		City	State	Zip	Phone:
Clinic Contact Person:		Title:		Email:	
# of Providers	Provider Names (list all at this location)				

CLINIC #3 INFORMATION

Clinic Name:			Tax ID		
Clinic Physical Address:		City	State	Zip	Phone:
Clinic Contact Person:		Title:		Email:	
# of Providers	Provider Names (list all at this location)				

CLINIC #4 INFORMATION

Clinic Name:			Tax ID		
Clinic Physical Address:		City	State	Zip	Phone:
Clinic Contact Person:		Title:		Email:	
# of Providers	Provider Names (list all at this location)				

CLINIC #5 INFORMATION

Clinic Name:			Tax ID		
Clinic Physical Address:		City	State	Zip	Phone:
Clinic Contact Person:		Title:		Email:	
# of Providers	Provider Names (list all at this location)				