

The Alabama Association of Free and Charitable Clinics (the “Association”) is an incorporated 501c3 non-profit organization. The Association invites free and charitable clinics in Alabama to join as members of the Association. A free and charitable clinic is defined as an organization, or programs within an organization whose primary mission is to provide health care services at little or no charge to its patients, has an independent governing board, is a 501(c)(3) corporation or part of a 501(c)(3) corporation or has applied for such a designation, and has a varied base of community support. Its major focus is to provide health care, which may include acute/episodic care, chronic care, or health care related support services. It may charge a nominal fee but may not turn away for inability to pay and third-party billing may not comprise more than 10% of Gross Revenue. Federally-Qualified Healthcare Clinics (FQHC) are not eligible for membership.

Membership in the Association includes 4 categories:

Active – allows the member to fully participate, including vote in board meetings and share in grant disbursements through the Association.

Provisional – any member that has NOT received their 501c3 determination letter and/or not been a member of the Association for at least 1 year. Provisional members may participate in board meetings, but may not vote and may not participate in distribution of funds through the Association.

Affiliate – any individual or non-profit organization wishing to be associated with the Association, but not otherwise eligible to become a member. No rights accrue to an Affiliate member.

Corporate – any for-profit business wishing to be associated with the Association. No rights accrue to a Corporate member.

MEMBER APPLICATION

Type Membership Sought: Provisional Affiliate Corporate

Corporate Name (if not individual): _____

DBA: _____

Clinic Physical Address: _____

City: _____ *State:* AL *ZIP:* _____

Mailing Address: _____

City: _____ *State:* AL *ZIP:* _____

Clinic Phone: _____ *Admin Phone:* _____ *Website:* _____

Executive Director: _____ *Primary Email:* _____

Additional Contact: _____ *Additional Email:* _____

Federal EIN: _____

Have you received your 501c3 determination letter? If so, please attach. If not, please provide status:
See attached documentation _____

Prior year Amount of in-kind donations: _____

Prior year Cash Operating Budget: _____

Does your organization charge any fees to patients? ___ NO ___ YES – if yes, how much
and how is it determined?

Do you turn any patients away for inability to pay? _____

Does your organization accept any insurance programs? If so, which ones? _____

CLINIC INFORMATION

(Please use N/A if not applicable)

Health Care Services Offered: (check all applicable):

Medical _____ Dental _____ Rx _____ Mental Health - _____ Social Services _____ Other _____

If other, please specify: _____

Number of Paid Staff: Full Time _____ Part Time _____

Number of Patient Visits in Past Year: _____ Number of Unduplicated Patients in Past Year: _____

(What rule you are using for unduplicated visits?)

Clinic Hours of Operation:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Saturday: _____

Sunday: _____ Monthly Only: Day: _____ Hours: _____

Number of Volunteers:

Medical Providers (MD, NP, PA, DO): ____

Pharmacy Providers (RPh, Pharmacy Technicians): _____

Dental Providers (DDS, RDH, Dental Assistants): _____

Mental Health Providers (Counselors, Therapists, LCSW): _____

Nurses (RN, LPN, Medical Assistants): _____

Non-Medical Volunteers: _____

Medical/Dental/Nursing Students: _____

Does your clinic see the following? (Yes/No) _____ Veterans _____ Homeless

Does your clinic have a formal collaboration with your local hospital? _____

Alabama Association of Free and Charitable Clinics Membership Dues are \$250.00 per year due by October 1st.

SIGNATURE: _____ *DATE:* _____

By my signature, I attest that I verified compliance with AAFCC membership eligibility criteria. I understand that my organization will be required to provide annual data reports and/or surveys as requested. I understand that to remain in good standing with the Association, members are expected to pay Membership Dues annually and actively participate in meetings and activities as designated by the Board of Directors.

Please mail this completed form along with a check for \$250.00 membership dues payable to the Alabama Association of Free and Charitable Clinics, c/o Community Free Clinic, 245 Jackson St. SE, Decatur, AL 35601.