



Alaska Primary Care
ASSOCIATION

MEMBERSHIP FORM
July 2016-July 2017

“Helping to create healthy communities through the support of vibrant and effective community health centers”

FORM SELECTION:

APPLICATION TYPE	MEMBERSHIP TYPE*	
<input type="checkbox"/> New Application	<input type="checkbox"/> Organizational Membership	Varies
<input type="checkbox"/> Renewal	<input type="checkbox"/> Business/Vendor Membership	\$400
	<input type="checkbox"/> Associate Membership	\$250
	<input type="checkbox"/> Individual Membership	\$50

Organizational Member: 330-funded Community Health Center or FQHC’s

Business/Vendor Member: Any business or vendor that supports the Community Health Center mission.

Associate Member: Any non-330 funded healthcare entity that supports the Community Health Center mission.

Individual Member: Any individual or student that supports the Community Health Center mission.

CONTACT INFORMATION:

Name: _____ Title: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website Address: _____ Email Address: _____

KEY CONTACT INFORMATION: *(Please provide key contact information for your organization)*

CEO/Executive Director/Health Director: _____

Phone: _____ Email: _____

Alaska Primary Care Association
1231 Gambell St., Ste. 200
Anchorage, AK 99501
Phone: 907-929-2722 Fax: 907-929-2734
<https://www.alaskapca.org>



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Administrative Contact (Executive Assistant): _____

Phone: _____ Email: _____

Medical Director: _____

Phone: _____ Email: _____

Finance Staff: _____

Phone: _____ Email: _____

Dental Operations Director: _____

Phone: _____ Email: _____

SATELLITE SITES AND KEY CONTACT:

(To list additional sites, attach an extra page or write on the back of this form)

Name: _____

Phone: _____ Email: _____

CERTIFICATION:

“I certify that the organization, institution or individual named above subscribes to the APCA’s mission, and has a stated interest in providing support for the APCA’s efforts to develop and enhance health care and related services for underserved populations in Alaska.”

Signature: _____ Date: _____

Printed Name and Title: _____



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MEMBERSHIP TYPES*:

Category	Dues	Benefits
Organizational	0.072% of Total Operating Costs as noted on Table 8A of the UDS report Minimum \$1,000 Maximum \$5,000	One seat on the APCA Board of Directors (with voting privileges); Exclusive access to Organizational Member-Only Community/Peer Forums on APCA website; listing in membership directory; all membership correspondence; free or reduced-price trainings and technical assistance; group purchasing discounts; one APCA event registration per membership year
Associate	\$250	Access to Members-Only areas of APCA website, including Community/Peer Forums; listing in membership directory; all membership correspondence; reduced-price trainings and technical assistance; group purchasing discounts
Corporate	\$400	Listing in membership directory; all membership correspondence; reduced-price trainings; group purchasing discounts
Individual/Student	\$50	Listing in membership directory; all membership correspondence; reduced-price trainings

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