



**ASSOCIATE MEMBERSHIP APPLICATION**

The purpose of GFCN is to support, strengthen, and advocate for clinics serving Georgia’s uninsured. For more information, please visit our website at **www.gfcn.org**.

**BENEFITS OF GFCN ASSOCIATE MEMBERSHIP**

- ❖ Listing on GFCN website ([www.gfcn.org](http://www.gfcn.org)), 2008 annual report, recognition in GFCN e-newsletter
- ❖ Invitations to special events (e.g. GFCN Annual Conference, fundraisers, etc.)
- ❖ Discounted registration fees and exhibitor fees for GFCN Annual Conference
- ❖ Opportunities to participate on select GFCN task forces and work groups
- ❖ Receipt of GFCN publications

Associate members show their support of the Network's efforts to strengthen and advocate for free clinics in the delivery of quality health care for low-income, uninsured Georgians. Associate members may be foundations; medical equipment manufacturers; pharmaceutical companies; state or national associations; professional societies; educational institutions; hospitals; and community organizations.

Membership dues are \$500 annually, billed on an anniversary date.

<b>Name of Your Organization:</b>	
<b>Your Name and Title:</b>	
<b>Business Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Telephone:</b>	<b>Fax:</b>
<b>Email Address:</b>	<b>Website:</b>

**2008 GFCN Associate Membership Dues Remittance: \$500.00**

**Signature:**

**Date:**

**GFCN Associate Membership dues are tax-deductible to the fullest extent permitted by law.  
Thank you for supporting the Georgia Free Clinic Network!  
Federal Tax ID # 80-0100336**

***Please make your check payable to the Georgia Free Clinic Network and mail to:***  
Georgia Free Clinic Network  
PO Box 133224  
Atlanta, GA 30333