

Northwest Regional Primary Care Association



Application for Membership

Thank you for your interest in joining Northwest Regional Primary Care Association! We look forward to reviewing your application.

Email your completed application and documentation to membership@nwrpca.org. Please do not send payment with your application. An invoice will be sent to you upon acceptance.

For more information, please contact our Member Services Specialist at (206) 519-5043 or membership@nwrpca.org.



Applicant Information

First Name _____ Last Name _____

Title _____

Organization _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Phone _____ Email _____

Northwest Regional Primary Care Association



Membership Categories and Annual Dues

Please see membership category descriptions, annual dues, benefits, and indicate the category to which you are applying. To be eligible for membership, all criteria within a specific category must be met, along with the submission of required documents.

ELIGIBILITY	ANNUAL DUES	BENEFITS PER CATEGORY	SELECT THE CATEGORY TO WHICH YOU ARE APPLYING
Category A: Health Center Member			
<p>Private, non-for-profit corporation exempt under Section 501-c-3 of the US IRS Code, or public corporation</p> <p>---AND</p> <p>Meet the organizational and operational requirements for funding under Section 330 of the US Public Health Service Act</p>	<p>.015% of Total Accrued Costs from UDS (Table 8A Line 17)</p> <p>Minimum: \$650 Maximum: \$3000</p>	<ul style="list-style-type: none"> • Reduced conference & training fees • Northwest Pulse • Access to workforce development services • Inclusion in NWRPCA networks & directories • Vote on business before the membership • Eligibility for election to board of directors and selection for membership on board committees 	<p>I am applying for this category of membership.</p> <p><u>Please attach the following with your application:</u></p> <p>Cover letter explaining organization's interest in membership.</p> <p>A copy of the organization's HRSA Notice of Grant Award (NGA).</p>
Category B: Safety Net Affiliate Member			
<p>Private, not-for-profit corporation exempt under Section 501-c-3, or public corporations</p> <p>---AND</p> <p>As judged by a protocol approved by the board of directors, provide comprehensive primary health care services with a specific mission to serve low-income persons without regard to the patient's ability to pay</p>	<p>\$650</p>	<ul style="list-style-type: none"> • Reduced conference & training fees • Northwest Pulse • Access to workforce development services • Inclusion in NWRPCA networks & directories 	<p>I am applying for this category of membership.</p> <p><u>Please attach the following with your application:</u></p> <p>A cover letter explaining organization's interest in membership.</p> <p>Proof of the organization's IRS tax-exempt status.</p> <p>A copy of the organization's bylaws.</p> <p>A copy of the organization's current fee structure.</p>

Northwest Regional Primary Care Association



ELIGIBILITY	ANNUAL DUES	BENEFITS PER CATEGORY	SELECT THE CATEGORY TO WHICH YOU ARE APPLYING
Category C: Individual Member			
Individuals affiliated with NWRPCA member organizations or affiliated with not-for-profit organizations or institutions engaged in collaboration & partnership with NWRPCA, and/or that have a similar mission, goals and objectives	Employee of non-profit: \$300 Current ATSU Student: Free ATSU Alumni: \$50	Individual and ATSU Alumni: <ul style="list-style-type: none"> • Reduced conference & training fees • Northwest Pulse • Inclusion in NWRPCA networks & directories ATSU Student: <ul style="list-style-type: none"> • Northwest Pulse • Inclusion in NWRPCA networks & directories • Free conference attendance at NWRPCA's three annual conferences 	I am applying for this category of membership, specifically: Employee of not-for-profit Current ATSU Student ATSU Alumni <u>Please attach the following with your application:</u> A cover letter explaining your interest in membership.
Category D: Associate Member			
Not-for-profit organizations or institutions engaged in collaboration & partnership with NWRPCA, and/or that have a similar mission, goals and objectives	\$650	<ul style="list-style-type: none"> • One reduced conference registration or exhibitor fee for spring & fall conference per organizational member • Northwest Pulse • Inclusion in NWRPCA networks & directories 	I am applying for this category of membership. <u>Please attach the following with your application:</u> A cover letter explaining organization's interest in membership. Proof of IRS tax-exempt status and the current Board of Directors roster.

I certify that to the best of my knowledge the above information is correct. By signing below, I consent to receive electronic notices to the email addresses provided on application, as required by NWRPCA By-laws Section 2.3.5.

Signature

Title

Date