



# Northwest Regional Primary Care Association



## Membership Categories and Annual Dues

Please see membership category descriptions, annual dues required, 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
<b>Category A: Health Center Member</b>			
<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"> <li>• Reduced conference &amp; training fees</li> <li>• <i>Northwest Pulse</i> monthly e-newsletter</li> <li>• Access to workforce development services</li> <li>• Inclusion in NWRPCA networks &amp; directories</li> <li>• Vote on business before the membership</li> <li>• Eligibility for election to board of directors and selection for membership on board committees</li> </ul>	<p><b>I am applying for this category of membership.</b></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>
<b>Category B: Safety Net Affiliate Member</b>			
<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"> <li>• Reduced conference &amp; training fees</li> <li>• <i>Northwest Pulse</i> monthly e-newsletter</li> <li>• Access to workforce development services</li> <li>• Inclusion in NWRPCA networks &amp; directories</li> </ul>	<p><b>I am applying for this category of membership.</b></p> <p><u>Please attach the following with your application:</u></p> <p>A cover letter explaining your 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

Application for Membership

ELIGIBILITY	ANNUAL DUES	BENEFITS PER CATEGORY	SELECT THE CATEGORY TO WHICH YOU ARE APPLYING
<b>Category C: Individual Member</b>			
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"> <li>• Reduced conference &amp; training fees</li> <li>• <i>Northwest Pulse</i> monthly e-newsletter</li> <li>• Inclusion in NWRPCA networks &amp; directories</li> </ul> ATSU Student: <ul style="list-style-type: none"> <li>• <i>Northwest Pulse</i> monthly e-newsletter</li> <li>• Inclusion in NWRPCA networks &amp; directories</li> <li>• Free conference attendance at NWRPCA's three annual conferences</li> </ul>	<p><b>I am applying for this category of membership, specifically:</b></p> <p><b>Employee of not-for-profit</b></p> <p><b>Current ATSU Student</b></p> <p><b>ATSU Alumni</b></p> <p><u>Please attach the following with your application:</u></p> <p>A cover letter explaining your interest in membership.</p>
<b>Category D: Associate Member</b>			
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"> <li>• One reduced conference registration or exhibitor fee for spring &amp; fall conference per organizational member</li> <li>• <i>Northwest Pulse</i> monthly e-newsletter</li> <li>• Inclusion in NWRPCA networks &amp; directories</li> </ul>	<p><b>I am applying for this category of membership.</b></p> <p><u>Please attach the following with your application:</u></p> <p>A cover letter explaining your organization's interest in membership.</p> <p>Proof of IRS tax-exempt status and the current Board of Directors roster.</p>

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*