



CARHC

California Association of
Rural Health Clinics

2019 MEMBERSHIP APPLICATION

ORGANIZATIONAL MEMBER INFORMATION

(Please complete a separate form for each clinic.)

Membership category <i>(Please check)</i>	<input type="checkbox"/> CARHC Membership	<input type="checkbox"/> CARHC/NARHC Membership	<input type="checkbox"/> Additional Clinics and form(s) are attached
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Name of Health System or District Affiliation (if applicable):

Name of **Hospital or Organization**:

Clinic Name (if applicable):

Clinic or Organization	Physical Street Address:		
	City:	State:	ZIP Code:
	County:	Phone:	Fax:
	Email:	Website:	
	Mailing Address (if different):		
	City:	State:	ZIP Code:
	Clinic CMS Number:	RHC category (Please check)	<input type="checkbox"/> Independent
	<input type="checkbox"/> Provider-Based	<input type="checkbox"/> Affiliate	
	Ownership category (Please check)	<input type="checkbox"/> Nonprofit-Corporation	<input type="checkbox"/> For Profit-Corporation
	<input type="checkbox"/> Government-Federal	<input type="checkbox"/> Nonprofit-Individual	<input type="checkbox"/> For Profit-Partnership
<input type="checkbox"/> Government-Local	<input type="checkbox"/> N/A	<input type="checkbox"/> For Profit-Individual	

Clinics Only:	Annual RHC Encounters:	RHC Certification Year:	# RHC Employees (Not FTE):
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Please provide information about your interest in RHCs. (This may be used in your public profile.)

Member Contacts: Name(s), Emails, and Direct Phone Number. (We encourage multiple contacts in your organization.)
(Please indicate the primary contact.)

ANNUAL DUES

\$300	CARHC Membership
\$600	CARHC/NARHC Membership: Dual membership. (You may also pay and register through NARHC. Go to www.NARHC.org or call NARHC at 866-308-1961)
\$200	Additional Clinics: For organizations who would like to register multiple clinics. Valid for both clinic membership options.

Please mail your application and payment to **CARHC, 5817 N. Maruyama Fresno, CA 93723**.
If you have any questions, call Karen Paolinelli at **559-706-8226** or email to **Info@CARHC.org**.

SIGNATURE

Signature of applicant:	Date:
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