



1211 Lafayette Ave. NE  
Grand Rapids, Michigan 49505  
Phone: 248-677-2273  
e-mail: [director@fcomi.org](mailto:director@fcomi.org)  
[www.fcomi.org](http://www.fcomi.org)

## 2019 FCOM MEMBERSHIP APPLICATION

\*Name of Clinic \_\_\_\_\_

\*Location Address \_\_\_\_\_  
Street City State Zip

\*Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

\*E-Mail \_\_\_\_\_ \*Website \_\_\_\_\_

Clinic Director \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Primary Contact \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

### QUALIFYING CLINICS WILL MEET THE FOLLOWING CRITERIA:

- be a private nonprofit corporation that has 501(c)3 tax-exempt status or has applied for such status or is a designated program component of a larger 501(c)3 tax exempt organization. *A copy of qualifying documentation must be submitted with this application.*
- Provide services utilizing volunteers. May also have paid staff.
- Offer or facilitate access to free health care to the uninsured or underinsured who are income eligible

***The clinic named on this FCOM Membership Application meets all qualifying criteria listed above.***

Yes No

### EXPECTATIONS OF MEMBERS:

- Actively support the goals of FCOM
- Attend regional meetings and the Annual Meeting
- Share information/resources and offer support to other member clinics
- Payment of annual dues

### BENEFITS OF MEMBERSHIP:

- Notification of an participation in FCOM Meetings
- Voting privileges in FCOM organization (limited to one vote per clinic)
- Representation by FCOM Board of Directors
- Networking opportunities with other Free Clinics
- Notification of funding opportunities and potential access to funding
- National Association of Free And Charitable Clinic Benefits

/ \$100 – One Year Full Membership January 1 to December 1 Additional donations are accepted

PLEASE MAIL COMPLETED FORM, COPY OF YOUR 501(C)3 AND CHECK TO THE FCOM ADDRESS ABOVE

Date \_\_\_\_\_ Signature/Position of Applicant \_\_\_\_\_

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