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Free Clinics of Michigan

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Grand Rapids MI 49505

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# 2020

**MEMBERSHIP APPLICATION**

**Associate Members**

Associate membership, without the right to vote or serve on the Board of Directors, is open to interested parties and organizations who support the goals of Free Clinics of Michigan.

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| Name | | Click here to enter your name | | | | | | | | | | | | | | | |
| Address | | | Number and street | | | | City | | | | | | State | | | Zip | |
| Mailing Address (if different) | | | | | | Number and street | | | | | City | | | State | | | Zip |
| Phone | | Phone number | | | | | | Fax | Fax number | | | | | | | | |
| E-Mail | | Email address | | | | | | Website | | | | Website address | | | | | |
| Primary Contact | | | Primary contact name | | | | | | | | | | | | | |
| Phone | | Primary contact phone | | | | | | E-Mail | | Primary contact E-Mail | | | | | | | |
| For-Profit or | | | | | Non-Profit | | | If Non-Profit, EIN # | | | | | | | EIN # | | |

Why do you want to join? How will being an Associate Member benefit Michigan’s free clinics? (Use the other side of the application if needed)

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| Answer here using as much space as needed. |

**BENEFITS OF AN FCOM ASSOCIATE MEMBERSHIP**

* Notification of and participation in FCOM Meetings
* Networking opportunities with Michigan’s Free Clinics

**$50.00- Half Year membership September 1 to December 31. Donations are gratefully accepted.**

**PLEASE MAIL COMPLETED FORM AND CHECK TO THE FCOM ADDRESS ABOVE**

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| Signature/Position of Applicant | Insert Signature/Position |  | Date | Date |