2024 FCOM MEMBERSHIP APPLICATION

Name of Clinic

Location Address

 Street City State Zip

Phone ( ) Fax ( ) Website E-Mail

Clinic Director Phone ( ) E-Mail

Primary Contact Phone ( ) E-Mail

**CLINICS WILL MEET THE FOLLOWING CRITERIA FOR FCOM MEMBERSHIP:**

* Be a private nonprofit corporation that has 501(c)3 tax-exempt status or is a designated program component of a larger 501(c) 3 tax-exempt organization. *\*Copy of* 501(c)3 required *with* ***first*** *membership application.*
* Provide services utilizing volunteers (may also have paid staff)
* Offer or facilitate access to free health care to the uninsured or uninsured and underinsured who are eligible.

**RESPONSIBILITIES OF FCOM MEMBERS:**

* Support the goals and activities of FCOM, including participation in regional meetings and the Annual Meeting
* Share information and resources, network with and offer support to other member clinics
* Completing the NAFC Annual Data/Quality Standards Survey by February 23, 2024
* Payment of Annual Membership Dues by March 31st *\*New Requirement (date)*

**BENEFITS OF FCOM MEMBERSHIP:**

* Ability to contact the office for any assistance or information
* Use of the state’s yearly aggregate clinic data and infographic to benefit your clinic
* Representation by FCOM with local and state officials and legislators regarding the needs of the uninsured
* Networking opportunities with other clinics through Annual Meeting, regional meetings, FCOM E-Mail and roster
* Notification of funding opportunities and potential access to funding
* You are supporting the only organization whose mission is to support free and charitable clinics in Michigan

**FCOM ANNUAL MEMBERSHIP FEE: January 1 through December 31 NOTE CHANGE IN DUES\***

For clinics with annual budget below $75,000: $100 fee

For clinics with annual budget below $76,000 - $150,000: $150 fee

 For clinics with annual budget above $151,000: $200 fee

*I verify the accuracy of clinic information provided, the clinic meeting all criteria for membership, and commitment to comply with responsibilities of FCOM members including abiding by the Member Clinic Ethics document.*

Signature of Clinic Representative Title/Role Date

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| **By Mail:** Send completed form and check to:*FCOM – Stacey Doyle* *c/o Genesee County Free Medical Clinic**2437 Welch Blvd**Flint, MI 49504* | **By E-Mail:** Send completed form to: stacy@gcfmc.org**Online:** by FCOM PayPal Donation at: [fcomi.org/donate](https://www.fcomi.org/donate.html) |