



FCAP

Free Clinic Association  
of Pennsylvania

## Membership Application – 2023-2024

Legal Name of Organization: \_\_\_\_\_

Trade Name (if different): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Additional Contact: \_\_\_\_\_ Title \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please check the services you offer:      Medical Screening Only      Medical clinic      Dental Clinic

If your organization is a program component of another organization, what is the name of the other organization?

\_\_\_\_\_

Does your clinic have any satellite sites?      Yes      No      If yes, please provide the address(es):

\_\_\_\_\_

\_\_\_\_\_

Clinic service area (counties and/or cities): \_\_\_\_\_

Any other information we should know? (Serve a particular ethnic community?)

Select the appropriate size of your operating budget and submit a non-refundable check for the membership dues made payable to: FCAP or *Free Clinic Association of Pennsylvania*.

Budget of up to \$100,000 - \$100 per year  
Budget of \$100,001-\$150,000 - \$200 per year  
Budget of \$150,001-\$500,000 - \$350 per year  
Budget of \$500,001-\$750,000 - \$500 per year  
Budget \$750,001 and above - \$1,000 per year

Federal EIN # \_\_\_\_\_

Current Operating Budget \_\_\_\_\_

Fiscal Year \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

**\* We will be collecting demographic and patient services data in conjunction with annual the National Association of Free & Charitable Clinics Data Collection. It is incredibly important to have data from free clinics. By joining FCAP, you are agreeing to complete the data survey. \***

**ADD INFO ABOUT DESIGNATING A REPRESENTATIVE WHO IS AUTHORIZED TO VOTE**

By my signature below, I certify that the information provided in this application, including all statements and documentation, is true and correct and that I am authorized to submit this application on behalf of the organization. I furthermore attest that our organization, if accepted into the membership of the Free Clinic Association of PA, will comply to the best of our ability with all the terms and conditions of membership as set forth by the Association.

I understand that the membership dues, as outlined above, cover our application and, if the application is approved, cover dues for July 1, 2023 through June 30, 2024. I also understand that the FCAP Board of Directors may change this dues structure at any time.

\_\_\_\_\_  
Executive Director or Board President

\_\_\_\_\_  
Date: Month/Date/Year

**MAIL THE COMPLETED APPLICATION AND CHECK TO:**

Cheryl White, Board President  
Free Clinic Association of PA  
2026 Sandy Drive  
State College, PA 16803

Questions?  
Email Kristen Houser Rapp, Executive Director, FCAP  
[kristen@freeclinicspa.org](mailto:kristen@freeclinicspa.org)  
ph. (717) 585-1803