



**ASSOCIATE MEMBER APPLICATION**

**BYLAWS:** *Article II, Section 5. Associate Members. Any not-for-profit community-based or public primary health organization operating within Arizona which affirms in writing, via an application form, its support of the purposes of the Corporation, may become an Associate Member of the Corporation upon application for membership and acceptance of said application and approval by the Board of Directors and receipt of assessed dues. Associate Members will not be eligible for representation on the Board of Directors.*

**CONDITIONS:** **All applicants must meet the above requirements, and applications must include a copy of the applicant's Mission Statement and a narrative description of the health care services provided.**

**ANNUAL DUES:** \$1000.00 (April – March)  
*\*Membership fee prorated based upon month of approval.*

**AGENCY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(Street) (P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip Code)

**PHONE:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_  
(Name) (Title) (Email Address)

**ORGANIZATION WEBSITE:** \_\_\_\_\_

Enclosed are the following items:

\_\_\_\_ A copy of our Mission Statement.

\_\_\_\_ A narrative description of the health care services we provide.

**SIGNED:** \_\_\_\_\_  
(Agency Representative)

\_\_\_\_\_  
(Title)