

Yes, I want to help by becoming an Associate member. [For A Listing of Members, click here](#)

## West Virginia Association of Free Clinics Associate Membership Application

For Corporations, Associations & Individuals supporting the purposes of the WVAFC.  
*Your associate membership is a tangible demonstration of your support for the work of the WVAFC and its member free clinics, which provide free healthcare to more than 60,000 uninsured working West Virginians.*

### Associate Member Information

Organization: \_\_\_\_\_

Your Name & Title: \_\_\_\_\_

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

Business Address (if different): \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Website: \_\_\_\_\_ *Email:* \_\_\_\_\_

**Associate Member Category** *(See listing below):* \_\_\_\_\_

**May we publicize your support?** \_\_\_\_\_ *(Y/N)*

**Dues** *(See listing below):* \$ \_\_\_\_\_

#### **Association Membership**

Non-Profit Organizations \$ 175

#### **Corporate Membership**

Budgets over \$1 million \$1,000

Budgets \$500,000 to \$999,000 \$ 750

*Thank you for supporting local free clinics and their volunteers through the West Virginia Association of Free Clinics. WVAFC Associate Membership dues are tax-deductible to the fullest extent permitted by law.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Check \_\_\_\_\_ or Credit Card \_\_\_\_\_:

[To join by credit card, click here for secure link.](#)

Mail checks to WVAFC, 1520 Washington St. East, Charleston, WV 25311-receipts will be mailed