



**Free Clinic Association of Pennsylvania**

**Corporate Member Application**

Membership Year July 1, 2017-June 30, 2018

Corporation Name: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_

Please explain why you are interested in joining the Free Clinic Association of PA:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit your completed application and a non-refundable check for the \$1,000 membership dues payable to FCAP or Free Clinic Association of Pennsylvania and mail it to:

Cheryl White, Treasurer  
Free Clinic Association of PA  
2520 Green Tech Drive, Suite D  
State College, PA 16803

Questions? Email [executivedirector@freeclinicspa.org](mailto:executivedirector@freeclinicspa.org)