



Free Clinic Association of Pennsylvania

Individual Member Application

Membership Year July 1, 2017-June 30, 2018

Name: _____

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 \$100 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