

fcap

Free Clinic Association of Pennsylvania

INDIVIDUAL MEMBER APPLICATION

Membership Year July 1, 2019 – June 30, 2020

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



Questions?

Email executivedirector@freeclinicspa.org

