



**FULL MEMBER APPLICATION**

**BYLAWS:** Article II, Section 4. Full Members. *Any not-for-profit community-based or public primary health care organization operating within Arizona may become a Full Member of the Corporation upon application for membership and acceptance of said application and approval by the Board of Directors of the Corporation and upon receipt of assessed dues. Full Members are eligible to have representatives elected to 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:** 1st year dues- \$2,250.00 (April – March prorated)  
Dues are calculated thereafter at 0.04% of the operating expense of the organization with limits of \$2,250 minimum and \$17,500 maximum/year.

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

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

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

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

**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)