

MEMBERSHIP APPLICATION



NAFEC

National Association of
FREESTANDING
Emergency Centers

NAFEConline.org

COMPANY INFORMATION

Facility Name: _____
Contact Name: _____
Title: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____
Website: _____

COMPLIMENTARY ASSOCIATE LISTINGS

If you have additional staff that you would like us to add to our database so that they receive our newsletters and legislative briefings, please list them below.

Associate #1 Name: _____
Associate #1 Title: _____
Associate #1 Email: _____

Associate #2 Name: _____
Associate #2 Title: _____
Associate #2 Email: _____

I would like to become involved with the:

- Board of Directors
- Formation Committee
- State Association Committee
- Legislative Committee

GRASS ROOTS EFFORTS

On occasion, we will reach out to members regarding action on an issue affecting Freestanding Emergency Centers. Your responses below will assist us in these efforts.

Do you know your State Representative and/or State Senator?

Yes No

If so, please let us know if you would be willing to contact them regarding legislative issues and initiatives on behalf of the association?

Yes No

MEMBERSHIP DUES

Dues are based on number of facilities and must be paid annually or semi annually—listed below in monthly rates.

1 Facility	\$1,000/mo
2 Facilities	\$2,000/mo
3-5 Facilities	\$3,000/mo
6- 9 Facilities	\$4,000/mo
10-19 Facilities	\$5,000/mo
20+ Facilities	\$6,000/mo

PAYMENT

Amount: _____ Check#: _____

Credit Card:

Visa **Mastercard** **Amex**

Card #: _____

Expiration Date: _____ CVV: _____

Name on Card: _____

Signature: _____

Please Invoice Me

NATIONAL ASSOCIATION OF FREESTANDING EMERGENCY CENTERS

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Austin, Texas 78701

512-658-1990

Fax 512-494-0213