



Alaska Primary Care  
ASSOCIATION

**MEMBERSHIP FORM**

**7/01/2015-6/30/2016**

ALASKA PRIMARY CARE ASSOCIATION

903 W. Northern Lights Suite 200

Anchorage, AK 99503

Phone: 907.929.2722 Fax: 907.929.2734 Web: <https://www.alaskapca.org>

APPLICATION TYPE

- New Application
- Renewal

MEMBERSHIP TYPE

- |   |         |
|---|---------|
| <input type="checkbox"/> Organizational Membership  | *Varies |
| <input type="checkbox"/> Business/Vendor Membership | \$400   |
| <input type="checkbox"/> Associate Membership       | \$250   |
| <input type="checkbox"/> Individual Membership      | \$50    |

Organization Contact Name

Title

Organization

Mailing Address

City

State

Zip

Phone

Fax

Website Address

Email Address

**\*Organizational:** 0.072% of Total Operating Costs as noted on Table 8A of the UDS report.  
Minimum \$1,000 Maximum \$5,000



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**KEY CONTACTS**

*Please provide key contacts for your organization- check box next to those who have voting privileges*

**Executive Director:**

\_\_\_\_\_  
**Phone**

**Email**

**Medical Director:**

\_\_\_\_\_  
**Phone**

**Email**

**Finance Office:**

\_\_\_\_\_  
**Phone**

**Email**

**Clinic Operations Director:**

\_\_\_\_\_  
**Phone**

**Email**

**Dental Operations Director:**

\_\_\_\_\_  
**Phone**

**Email**

**SATELLITE SITES AND KEY CONTACTS**

*To list additional sites, attach an extra page or write on the back of this form.*

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**City**

**State**

**Zip**

**Phone**

**Fax**

\_\_\_\_\_  
**Site Manager**

**Email**



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“I certify that the organization, institution or individual named above subscribes to the APCA’s mission, and has a stated interest in providing support for the APCA’s efforts to develop and enhance health care and related services for underserved populations in Alaska.”

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

Printed Name and Title \_\_\_\_\_



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Category	Dues	Benefits
<b>Organizational</b>	0.072% of Total Operating Costs as noted on Table 8A of the UDS report  Minimum \$1,000  Maximum \$5,000	<b>One seat on the APCA Board of Directors (with voting privileges); Exclusive access to Organizational Member-Only Community/Peer Forums on APCA website; listing in membership directory; all membership correspondence; free or reduced-price trainings and technical assistance; group purchasing discounts; one APCA event registration per membership year</b>
<b>Associate</b>	\$250	<b>Access to Members-Only areas of APCA website, including Community/Peer Forums; listing in membership directory; all membership correspondence; reduced-price trainings and technical assistance; group purchasing discounts</b>
<b>Corporate</b>	\$400	<b>Listing in membership directory; all membership correspondence; reduced-price trainings; group purchasing discounts</b>
<b>Individual/Student</b>	\$50	<b>Listing in membership directory; all membership correspondence; reduced-price trainings</b>