

Membership Application

Today's Date

Organizational Information

Complete as you would like your data to appear on our website/mailings:

Name:	Phone:	Fax:
Primary Mailing Address:		
Clinic Address: (List additional facilities on page #3)		
Counties Served:	Website Address:	

Contact Information

Contact Name:	Contact Title:	
Contact Phone:	Contact Fax:	Contact Email:

Supplemental Questionnaire

1. Why is joining Capitol Health Network important to you?
2. What would you rate as the primary focus of your organization? (i.e. Primary Care, Pediatrics, etc.)
3. Other than the primary focus referenced in Question #2, what other services do you provide? (i.e. Navigation, Prenatal, etc.)
4. Do you consent to us using your logo on your profile page on our website? Yes___ No___
5. Are you a member of the California Primary Care Association (CPCA)? Yes___ No___

Select Membership Type

Membership Type	Select One	Annual Dues	Billing
Community Health Member		\$1,500.00	\$375.00 per quarter
Affiliate Member		\$100.00	\$100.00 per year (individuals only)

Affirmation

I HEREBY AGREE TO SUPPORT THE PRINCIPLES OF THIS CORPORATION AS STATED IN THE BYLAWS AND ARTICLES OF INCORPORATION OF CAPITOL HEALTH NETWORK, INC. AND REQUEST TO BE ADMITTED IN THE MEMBERSHIP TYPE REFERENCED ABOVE.

Name: _____ Title: _____

Signature: _____ Date: _____

NOTE: Upon approval of your application, we request that you submit a summary description of your organization (200 words max) to info@capitolhealthnetwork.org. In addition, please include a high-resolution company logo to be used on your membership profile page on our site.

Remit Completed Form To:

Capitol Health Network
555 University Ave, Suite 114
Sacramento, CA 95825

FAX: 916-454-4565
Email: info@capitolhealthnetwork.org

Sacramento Community Clinic Consortium, Inc. (FEIN: 68-0400624)
dba
Capitol Health Network
A California Public Benefit Corporation

Additional clinic facilities may be listed on the following page...

Additional Clinic Facilities and Addresses

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____