

# ***2016 Membership Fees & Application***

## **Rural Health Clinics**

***Fees are now due & payable for 2016***

### **RHC Membership fee schedule:**

- \$240.00** Membership base fee (includes 1<sup>st</sup> provider) plus  
**\$120.00** Additional fee for each clinic RHC provider (MD, DO, PA or ARNP).  
**\$6,000.00** Large organizations with 49 or more RHC providers

**Note:** Organizations are required to list all certified clinic sites (below) and pay for all RHC providers. Providers who practice in multiple sites need only be enrolled once.

### **Partner Memberships**

**\$300.00** per individual or organization who has an interest in rural health but is not a RHC.

RHC Parent Organization or Individual: _____
Address: _____ City _____, State _____, Zip _____
Telephone #: _____ Fax #: _____
Contact Person: _____ E-mail: _____
Dues Notice Contact: _____ E-mail: _____
Check appropriate: ( ) Provider Based ( ) Independent # Providers: _____

### **Membership fee calculation:**

- A. Clinic base fee & 1 provider = \$ 240.00**  
**B. Addl. Providers ( ) X \$120 = \$ \_\_\_\_\_**  
**C. Total Amount Enclosed = \$ \_\_\_\_\_ (A plus B)**

*Please attach a list of all RHC Sites included in this registration.*

*Show name of Site, Address both physical and mailing along with contact person and information:*

**Please make checks payable to: (Credit cards cannot be accepted at this time)**

Rural Health Clinic Association of Washington  
c/o Barb Schlimmer, Treasurer  
P.O. Box 190  
Odessa WA 99159-0190  
509-982-2614 – schlimb@omhc.org