



APPLICATION FOR ORGANIZATIONAL MEMBERSHIP

IN THE TEXAS ASSOCIATION OF COMMUNITY HEALTH CENTERS (TACHC)

I. ORGANIZATIONAL MEMBERSHIP:

Application for Organizational Membership is available to projects in Texas funded under Section 330 of the Public Health Service Act and to Federally Qualified Health Center Look-Alikes that are

- Committed to the purposes of this Association, as stated in TACHC's Articles of Incorporation;
- Assures that no patient will be denied health care services due to an individual's inability to pay for such services; and
- Actively engaged in operating a primary health care program.

In order for an organization to be admitted as an organizational member, it must be reviewed by the Membership Committee and approved by the TACHC Board of Directors. Organizational Membership dues are established by the TACHC Board of Directors.

II. REVIEW CRITERIA

TACHC's Membership Committee and Board of Directors will review an organization's application to determine that it:

- Provides evidence of commitment to TACHC's purposes as stated in TACHC's Articles of Incorporation.
- Assures that no patient will be denied health care services due to an inability to pay for such services.
- Complies, at the time of application, with FQHC Program Requirements^a including:
 - having a Public Health Service Act Section 330 grant or a Look-Alike certification
 - being a nonprofit or a public entity

^a For additional information on these requirement please review

Health Center Program Statute: [Section 330 of the Public Health Service Act \(42 U.S.C. §254b\)](#)

Program Regulations: [42 CFR Part 51c](#) and [42 CFR Parts 56.201-56.604](#)

Grants Regulations: [45 CFR Part 75](#)

- complying with Board composition and meeting requirements

Incomplete applications will not be considered for membership in TACHC.

III. GENERAL INFORMATION:

Name of Institution or Organization: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Web-Site (if applicable): _____

Chief Executive Officer/Executive Director: _____

E-mail Address for CEO/ED: _____

FQHC Start Date (Notice of Grant Award): _____ (attach a copy of Notice of Grant Award)

FQHC Look-Alike Certification Date: _____ (attach a copy of Designation Letter)

IRS Tax Exempt Status for private entity (Please attach a copy of applicant's letter from the IRS verifying tax exempt status): _____

Is applicant following a public entity co-applicant model? _____ If so, what is the name of

Public entity? _____ Co-applicant? _____

IRS Tax Exempt Status for public entity (Please attach a copy of the letter from IRS verifying public entity's tax exempt status): _____

Has applicant ever been a TACHC member or applied for membership before?

If yes, why is the organization reapplying? _____

RESPONSE REQUIRED: Briefly describe why applicant wants to join the Texas Association of Community Health Centers (May use additional sheets of paper):

RESPONSE REQUIRED: Please give a brief description of applicant's operation detailing mission and goals as an organization (May use additional sheets of paper):

IV. COMPLIANCE WITH FQHC PROGRAM REQUIREMENTS:

Does applicant assure that no patient will be denied health care services due to an inability to pay for such services?: _____

Is applicant's Board of Directors compliant with the federal Public Health Service Act requirement of having a minimum of 51% consumers that are, as a group, representative of the population being served by applicant? _____

How often does applicant's Board of Directors meet? _____

VI. SIGNATURES:

President of Board of Directors:

_____	_____	_____
Printed Name	Signature	Date

Executive Director/CEO:

_____	_____	_____
Printed Name	Signature	Date

Chief Financial Officer:

_____	_____	_____
Printed Name	Signature	Date

The above signatories of this application certify that the information provided herein is complete and accurate and that the organization is aware of and agrees to pay the appropriate annual dues.



TEXAS ASSOCIATION OF COMMUNITY HEALTH CENTERS (TACHC)

CHECKLIST

- _____ A copy of the organization's letter from IRS verifying tax exempt status
- _____ If a public entity model, a copy of co-applicant's letter from IRS verifying its tax exempt status
- _____ Copy of FQHC Notice of Community Health Center Program Grant Award or FQHC Look-Alike Certification Letter for FQHC Look-Alikes.
- _____ Signatures of the President of the Board of Directors, the Executive Director/CEO and the Chief Financial Officer