

Health Professional Student Application

Health Professional Student Membership: This category is offered annually, is a FREE individual membership open exclusively to all enrolled health professionals who are committed to the mission and goals of NACHC. The benefits of becoming a member include advocacy, trainings, employment opportunities, networking, leadership experience, and more!

SECTION 1. INDIVIDUAL PROFILE (PRINT CLEARLY)

Name

Mailing Address

City

State

Zip Code

Telephone

School E-mail

Sign up as a **NACHC Health Center Advocate** on www.hcadvocacy.org and receive relevant advocacy and policy communications.

Register me as a NACHC Health Center Advocate!

Three EASY ways to apply:

MAIL

Mail application and payment to:
NACHC Membership Department
7501 Wisconsin Avenue, 1100W
Bethesda, MD 20814

E-MAIL

E-mail application form with credit card information to: **membership@nachc.org**

FAX

Fax application form with credit card information to: **(301) 347-0459**

How do you expect to benefit from your NACHC Membership? (Print Clearly)

How did you learn about NACHC's Health Professional Student Membership? (Select all that apply)

- Website
- Referral
- NACHC Conference
- Community Health Center
- Other _____

SECTION 2. SCHOOL AFFILIATION (PRINT CLEARLY)

Name of College/University

Name of Health Professional Program & Degree Program

Address

City

State

Zip Code