



Promoting access to affordable, comprehensive & quality health care for Nevada's underserved populations

Membership Application

Representative Name:

Organization Name:

Physical address:

City: State: Zip:

Mailing Address:

If different

City State: Zip:

Area Code: Phone: Ext: Fax:

Email:

URL (website):

Type of Organization or Agency: *(Please check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> 501(c)3 non-profit corporation | <input type="checkbox"/> Federally Qualified Community Health Center (FQHC) |
| <input type="checkbox"/> Tribal Health Center | <input type="checkbox"/> FQHC "look alike" |
| <input type="checkbox"/> Private Practice (Group) | <input type="checkbox"/> Community-based social service organization |
| <input type="checkbox"/> Unit of Higher Education | <input type="checkbox"/> Community-based health service organization |
| | <input type="checkbox"/> Unit of State or local government |

Other (please describe.....

Why you are interested in becoming a member of the Great Basin Primary Care Association:

What are your expectations of Great Basin Primary Care Association relative to your organization:

Please print out and mail your completed membership application and applicable annual membership dues to:

Great Basin Primary Care Association
321 W. Winnie Lane, #104
Carson City, NV 89703.