

National Association of Community Health Centers, Inc.

Team Up for Membership in NACHC Referral Form

Please print or type clearly:

Organization (membership applicant) _____

Executive Director _____

Signature

Date

This is to certify that the following NACHC Organizational Member has referred my organization for NACHC Membership, and thus we are jointly applying for the incentive rewards through the Team Up for Membership in NACHC Campaign:

NACHC Organizational Member Referring the Applicant

Center Name _____

City, State _____

Executive Director _____

Phone _____

Please (T) one:

- Please give the new member 10% and the referring member 10%
- Please give the new member the total 20% incentive

Note: This form must be attached to the new member's application form in order for the new member and the recruiting member to be eligible to receive their incentive rewards.

For NACHC Use Only:

Date application received _____ New Member ID# _____

Referring Member ID# _____

- Referring organization is a member in good standing
- Referring organization is not a member in good standing

Follow-up Notes: _____

