

TENNESSEE PRIMARY CARE ASSOCIATION MEMBERSHIP APPLICATION

Organizational Member: Organizations that deliver or affect the delivery of primary health care services. *Examples are community health centers, behavioral health providers, health agencies, and schools training health professionals.* An organization's contribution is based on the size of its annual operating budget.

Under \$100,000.....\$200
\$100,000 - \$399,999..... \$800
\$400,000 - \$999,999.....\$1,200
\$1,000,000 - \$2,999,999.....\$1,600
\$3,000,000 and up.....\$1,600 plus \$500 for each additional \$2M

Associate Member: Organizations or individuals that provide products and services to health centers. *Examples are healthcare consultants, managed care organizations, health-related software companies, and pharmaceutical companies.*

Associate.....\$500

Individual Member: An individual supportive of the goals and mission of the TPCA. Those who sell products and services to primary health care clinics should join as Associate members. *Examples of individual members are employees of other non-profit agencies, individual clinicians, and health profession students.*

Contributing.....\$50
Supporting.....\$100
Patron\$500

Please complete this application and mail with check payable to Tennessee Primary Care Association:

**Tennessee Primary Care Association
416 Wilson Pike Circle
Brentwood, TN 37027-5203
Fax: 615-329-3823
Phone: 615-329-3836, ext. 16
denise@tnpca.org**

Indicate Your Membership Category:

Institutional (Total Budget \$_____) Individual
 Associate (complete Associate member profile sheet on back of the form)

Amount enclosed \$ _____

Name and Professional Title _____

Organization _____

Phone _____ Fax _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Web Site _____

Your signature _____

By signing this and providing your fax number and e-mail, you authorize the TPCA to send communications by fax or e-mail.

Associate Member Profile Sheet

(information will be included in our Directory of Products/Services on our web site
at http://www.tnpca.org/tpca_prodservdir.html)

Contact Name/Title_____

Organization Name_____

Address_____

City/State/Zip_____

Phone_____ Fax_____

E-mail_____ Web site_____

Brief description of your product/service: