



## 2012 Associate Membership Application

The Lone Star Association of Charitable Clinics (LSACC) is a statewide association that strengthens and supports Texas' free and charitable clinics. Our mission is to "enhance the overall ability of Texas charitable clinics to provide the highest level of care". LSACC provides resources, information and advocacy services to our member clinics so they can provide quality, measurable and impactful healthcare services.

### Qualifications for Associate Membership

1. Are committed to providing, or support the provision of, quality healthcare and related services
2. Charitable clinics in development
3. Individuals or organizations that support the mission of LSACC

### Please Check a Category

Membership Type	Please Enclose
<p><input type="checkbox"/> <b>NEW ASSOCIATE MEMBERSHIP</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> Standard Level - \$50</p> <p style="padding-left: 20px;"><input type="checkbox"/> Sustaining Level 1 - \$100</p> <p style="padding-left: 20px;"><input type="checkbox"/> Sustaining Level 2 - \$250</p>	<p><input type="checkbox"/> Membership Application</p> <p><input type="checkbox"/> Payment</p> <p><input type="checkbox"/> Brochure/information about your organization</p>
<p><input type="checkbox"/> <b>RENEWING ASSOCIATE MEMBERSHIP</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> Standard Level - \$50</p> <p style="padding-left: 20px;"><input type="checkbox"/> Sustaining Level 1 - \$100</p> <p style="padding-left: 20px;"><input type="checkbox"/> Sustaining Level 2 - \$250</p>	<p><input type="checkbox"/> Membership Application</p> <p><input type="checkbox"/> Payment</p>

Name of Organization: \_\_\_\_\_

Organization Purpose: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Executive Director/CEO: \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Contact Name/Title \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Make checks payable to LSACC and send with this form to:**

**LSACC**

**PO BOX 684127**

**Austin, TX 78768-4127**

(For questions or additional information, please contact us at 512-777-8929)

LSACC Use Only: Date Received: \_\_\_\_\_ Amount: \_\_\_\_\_ Check #: \_\_\_\_\_ Receipt Sent: \_\_\_\_\_