Texas Association of Rural Health Clinics

3309 FOREST CREEK DRIVE, UNIT 305, ROUND ROCK, TX 78664-6168
(512) 873-0045 PHONE | (512) 873-0046 FAX

MEMBERSHIP APPLICATION

(for corporate members, see next page)

Date _____

CLINIC MEMBERSHIP

Rural Health Clinic _____ County _____

Type of Clinic   ❏ Hospital-based   ❏ Independent   ❏ Certified: ❏ Yes   ❏ No   Date Certified _____

Address _____

City/ZIP _____

Designated Representative _____

Title _____

Phone _____ Fax _____

Email _____

If Hospital-based, name of hospital _____

If Independent, indicate clinic ownership _____

BENEFIT FOR NEW OR CURRENT CLINIC MEMBERS: with completion of this application, you receive membership in the Texas Association of Rural Health Clinics (TARHC). **Payment can be made by check or credit card.**

TYPES OF CLINIC MEMBERSHIP: *(check one)*

REGULAR MEMBERSHIP
Single, independent or hospital-based certified rural health clinic

❏ $375 – TARHC MEMBER   ❏ $200 – ADDITIONAL CLINIC MEMBER

Thank you for your membership!

PAYMENT INFORMATION

Mail check to:
3309 Forest Creek Drive, Unit 305
Round Rock, TX 78664-6168
or fill out credit card information on the back side.

PAYMENT INFORMATION IS ON THE BACK, PLEASE FILL OUT AND COMPLETE TO BE PROCESSED

CORPORATE MEMBERSHIP

❏ $500 – CORPORATE (Companies doing business with RHCs)

Individual/Organization name _____

Designated Representative _____

Address _____ City _____ ZIP _____

Phone _____ Fax _____ Email _____

Company description (25 words or less) _____

_____

_____

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TARHC CREDIT CARD PAYMENT INFORMATION

Total amount paid $ _____ Date _____

Name as it appears on card _____

PERSON AUTHORIZED TO CHARGE

Name _____

Card Type   ❏ VISA   ❏ MasterCard   ❏ American Express   ❏ Discover

Card number _____ Expiration date _____

Card security code _____ (3-digit number on back of card, 4-digit on front for AMEX)

Signature authorizing charge _____

BILLING ADDRESS *(please enter the following information exactly as it appears on your credit card statement)*

Address _____

City _____ State _____ ZIP _____

Email address _____

Phone number _____

Payment cannot be processed unless all information is provided.