



ORGANIZATIONAL MEMBERSHIP APPLICATION FORM

Organizational membership

Name of Health Center: _____

Name of Sponsorin g Agency: _____

CEO/Director _____

Address _____

City _____ State _____ Zip Code _____

Email _____

How did you hear about CHCANYS? _____

Contact Person(In addition to the CEO/Director) _____

DUES: Dues are based on budget as per Using TABLE 8A Line 19 of UDS report (two years prior to the current year - i.e. 2005 for 2007). If you do not file a UDS report, please attach tax documentation to show budget.

Total Medical Users: _____ Year: _____

NEW ORGANIZATIONS

Check here if you are a new Article 28 _____

Article 28 License date _____

Please send the following with your application:

1. Copy of the UDS or tax documentation to show budget
2. Copy of Article 28 New York State Operating Certificate

Signature _____ Title _____ Date _____

For Official Use Only [please do not write in this space]:

***Application subject to CHCANYS Board Approval - Charges will not occur until final approval by the Board.**