



**TENNESSEE CHARITABLE CARE NETWORK
2017 ORGANIZATIONAL MEMBERSHIP RENEWAL**

Name of Your Clinic or Project Access: _____

Parent Organization (if applicable) : _____

Federal Tax ID #: _____

Mailing Address: _____

Street Address (if different): _____

City: _____ **State:** _____ **Zip Code:** _____

Operating Days / Hours: _____

Website: _____

Additional Clinic Site Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Operating Days / Hours: _____

If you have more than two clinic sites, please include additional site names and addresses on separate sheet

Primary Contact Person Name and Title: _____

Phone Number: _____ **Email Address:** _____

Please list names, titles, and email addresses for up to three additional contacts at your clinic or Project Access. We will add them to the TCCN email list so they will receive updates and invitations to meetings and events.

Name: _____ **Title:** _____

Email Address: _____

Name: _____ **Title:** _____

Email Address: _____

Name: _____ **Title:** _____

Email Address: _____



SERVICES YOUR CLINIC OR PROJECT ACCESS PROVIDES

(Please check all that apply)

- ___ Medical – Primary Care
- ___ Medical – Well Visits
- ___ Medical – Specialty Care
- ___ Wellness Programs
- ___ Spiritual Counseling
- ___ Diagnostic Services
- ___ Vision Services
- ___ Case Management
- ___ Pharmacy / Medications
- ___ Preventive Dental
- ___ Dental Extractions
- ___ Restorative Dental
- ___ Mental Health Counseling
- ___ Substance Abuse Treatment or Counseling
- ___ Other (Specify: _____)
- ___ Other (Specify: _____)

Are your services free? ___ Yes ___ No

If No, what is your minimum charge to patients?

TCCN ANNUAL MEMBERSHIP DUES

(Please check one)

- ___ \$100 if current budget is \$0 - \$50,000
- ___ \$200 if current budget is \$50,001 - \$250,000
- ___ \$300 if current budget is \$250,001 - \$500,000
- ___ \$500 if current budget is \$500,001 - \$1,000,000
- ___ \$750 if current budget is \$1,000,001 - \$3,000,000
- ___ \$1,000 if current budget is \$3,000,001 and up

The TCCN membership year is January 1 through December 31.

You may remit your dues payment (make check payable to TCCN) by mail or you may pay your dues by credit card online by going to the TCCN website at www.tccnetwork.org and clicking on the “Donate” button at the bottom of the homepage.

Mailing Address:

TCCN
1515B Hayden Drive
Nashville, TN 37206

You may submit this application form to our mailing address (above), or email it as an attachment to mary@tccnetwork.org.