

NICOS MEMBERSHIP APPLICATION

YEAR: January to December

Contact Information:

Contact Person(s) and Title(s)		
Agency (or organization of affiliation, if Individual)		
Mailing Address		
City	State	Zip Code
Telephone	Fax	
E-mail Address	Website Address	

Please check (✓) if okay to list agency name on NICOS letterhead

Membership Category: A B C
 (Please circle one; see below for definition)

NICOS MEMBERSHIP CATEGORIES:

A – “Health Organizations”
 Health Organizations or agencies which have experience in the provision of direct services to the Chinese Community.

B – “Human Services or Related Services Organizations”
 Non-health organizations or agencies which are knowledgeable in the provision of human services or other related services which are necessary to ensure quality health services to the Chinese community.

C – “Affiliate Organizations/ Individuals”
 Organizations or agencies which are interested in public policies, administration or provision of health services; or, individuals who have expertise in the areas of health services, fiscal management, business, public policies, and/ or administration.

Fee Schedule:

<u>Category/ Org. Budget (please ✓)</u>	<u>Membership Due</u>
___ Student	\$25.00
___ Individual	\$50.00
___ Less than \$500K org. budget	\$100.00
___ Between \$500K and \$2M	\$250.00
___ Between \$2M and \$5M	\$325.00
___ Between \$5M and \$10M	\$500.00
___ Greater than \$10M	\$750.00

Please send this completed form along with your check made payable to: NICOS Chinese Health Coalition, 1208 Mason Street, San Francisco, CA 94108.

*NICOS reserves the right to refuse membership to any applicant for any reason.