*35 North Fourth Street; Suite 350*

*Columbus, Ohio 43215*

*Phone: 614-914-6458*

*Fax: 614-914-6520*

*Bill to: CLINIC NAME*

 *For:*

***2017 Membership Dues***

| If your Annual Operating Budget is: | Please Pay Membership Dues Amount: |
| --- | --- |
| Under $65,000 | $200.00 |
| $65,001 - $150,000 | $400.00 |
| $150,001 - $300,000 | $600.00 |
| $300,001 - $500,000 | $800.00 |
| $500,001 and Over | $1000.00 |

*Please submit dues payment by January 30, 2017*

*Make checks payable to: Ohio Association of Free Clinics*