

KANSAS ASSOCIATION FOR THE MEDICALLY UNDERSERVED (KAMU)

Membership Policy & Process, Benefits, Application and Fees

MEMBERSHIP POLICY

Membership in KAMU consists of organizations that are part of or support Kansas primary care safety net clinics. These include state-funded primary care clinics, faith-based clinics, indigent clinics, local health departments providing primary care, community health centers, federally qualified health centers (FQHCs) and FQHC Look-Alikes, and other non-profit primary care clinics.

There are two classes of membership: Organizational Membership and Associate Membership.

- a) **Organizational Membership** is available to non-profit or public organizations that share the mission of KAMU and deliver primary and preventive health care services to patients regardless of their ability to pay, either by legal mandate or explicitly adopted mission. Each Organizational Member has one vote at meetings of the General Membership. Organizational members are entitled to all membership benefits.
- b) **Associate membership** is available to non-profit or public organizations that deliver primary and preventive health care services that are not comprehensive in nature, regardless of patients' ability to pay. Associate members are non-voting members and are entitled to basic membership benefits.

MEMBERSHIP APPLICATION PROCESS

KAMU's membership year is January 1 - December 31. KAMU's application forms are attached. Signed applications should be submitted with any applicable documentation to KAMU for approval by the KAMU Board of Directors.

KAMU MEMBER BENEFITS

Organizational Membership

Networking

- Kansas Clinicians Network, Kansas Physicians' Network, Kansas Dental Network
- CFO/CEO Network

Recruitment Assistance

Advocacy & Legislative Affairs

- Federal
- State
- Legislative Action Alerts

Information Dissemination and Technical Assistance

- KAMU Newsletter

- KAMU Updates
- Issue briefs
- Community development
- Access to technical assistance opportunities
- Quality improvements
- Financial management
- Financial planning and financing options

Training and Continuing Education

- Notification of KAMU trainings and annual conference
- Notification of continuing education opportunities

Associate Membership

Networking

- Kansas Clinicians Network, Kansas Physicians' Network, Kansas Dental Network
- CFO/CEO Network

Information Dissemination and Technical Assistance

- KAMU Newsletter
- KAMU Update
- Issue briefs
- Community development

Training and Continuing Education

- Notification of all KAMU trainings and annual conference
- Notification of continuing education opportunities

**KANSAS ASSOCIATION FOR THE MEDICALLY UNDERSERVED
(KAMU)**

Membership Application

Application Type:

Please check one

- New Application**
 Renewal Application

Membership Class:

Please check one

- Organizational Member**
 Associate Member

NAME OF ORGANIZATION

ADDRESS

CITY _____ **COUNTY** _____

STATE _____ **ZIP CODE** _____

SERVICE AREA(S) _____

PHONE NUMBER _____ **FAX NUMBER** _____

WEBSITE ADDRESS _____

CLINIC HOURS _____

IF DIFFERENT FROM YOUR NAME ABOVE, HOW WOULD YOU LIKE YOUR ORGANIZATION TO BE LISTED IN PUBLICATIONS?

EXECUTIVE DIRECTOR/CEO _____

EMAIL ADDRESS _____

MEDICAL DIRECTOR _____

EMAIL ADDRESS _____

SITE CONTACT _____

EMAIL ADDRESS _____

BOARD CHAIR _____

EMAIL ADDRESS _____

SATELLITE CLINIC

(1): _____

ADDRESS: _____ CITY: _____ ZIP: _____

COUNTY: _____ SERVICE AREA(S): _____

PHONE NUMBER: _____ FAX NUMBER: _____

CLINIC HOURS: _____

SITE CONTACT: _____ EMAIL: _____

SATELLITE CLINIC

(2): _____

ADDRESS: _____ CITY: _____ ZIP: _____

COUNTY: _____ SERVICE AREA(S): _____

PHONE NUMBER: _____ FAX NUMBER: _____

CLINIC HOURS: _____

SITE CONTACT: _____ EMAIL: _____

ORGANIZATIONAL MISSION (Please include as attachments any publications, brochures or pamphlets that promote or explain your organization, your mission and your accomplishments.)

DOES YOUR ORGANIZATION PROVIDE COMPREHENSIVE PRIMARY CARE SERVICE?

___ Yes ___ No

REQUIRED DOCUMENTS (please enclose with application):

Evidence of non-profit, 501(c)(3) corporate or public sector status

Evidence that scope of service (provide list of services) includes primary and preventative medical health care, which may be integrated with dental, behavioral health and enabling services.

Copy of the sliding fee, reduced or nominal fee schedule and assurance that such is posted and clearly visible to patients.

PLEASE CHECK ALL THAT APPLY:

- Community Health Center State Funded Community-Based Clinic Rural Health Clinic
Receiving PHS Section
330-Funding
- FQHC Look-Alike Health Department Indigent Clinic
 Faith-based Clinic National Health Service Corps Site Other Not-for-Profit

TOTAL ANNUAL PRIMARY CARE OPERATING BUDGET:
(Please mark appropriate category)

\$0 - 550,000	_____
\$550,001 - 750,000	_____
\$750,001 - 1,000,000	_____
\$1,000,001 - 1,500,000	_____
\$1,500,001 - 2,500,000	_____
\$2,500,001 - 3,500,000	_____
\$3,500,001 +	_____

Renewal Application due by January 31 each year to remain in good standing.

Signature

Date

Submit to:
KAMU
1129 S. Kansas Ave.
Suite B
Topeka, KS 66612

KAMU ANNUAL MEMBERSHIP DUES

Effective January 1, 2006

Federally Qualified Health Center – Tiered Dues Structure

Operating Budget	2007	2008
\$0 - \$550,000	\$325	\$375
\$550,001 - \$750,000	\$488	\$563
\$750,001 - \$1,000,000	\$650	\$750
\$1,000,001 - \$1,500,000	\$975	\$1,125
\$1,500,001 - \$2,500,000	\$1,300	\$1,500
\$2,500,001 - \$3,500,000	\$1,950	\$2,250
\$3,500,000+	.065% of budget or .00065	.075% of budget or .00075
		<i>Fees capped at \$3000.00</i>

Primary Care Clinic – Dues

2007	\$300
2008	\$400

Associate Member – Dues

\$35 per year.