

DOCUMENT TITLE, COULD BE ONE OR TWO LINES , UPPERCASESubhead could also be a couple of lines, sentence case

ARTICLE I

Section 1.01 The name of the Organization is the Community Health Care Association of New York State. The Community Health Care Association of New York State may also be referred to as “CHCANYS” or the “Association”.

**Section** 1.02 The principal office of the Association shall be located in New York State, or such other location as determined by the Board of Directors.

Section 1.03 Purpose. The purpose of the Association is to promote the advancement of high-quality primary health care and wellness services which are accessible and responsive to the communities being served.

Section 1.04 Nondiscrimination. In all of its dealings, neither the Association nor its duly authorized agents shall discriminate against any individual or group for reasons of race, sex, creed, age, color, ethnicity, national original, marital status, sexual preference, gender identity, mental or physical disability or any category protected by law.

ARTICLE II - MEMBERSHIP

Section 2.01 There are two classes of membership (“Membership”) in the Community Health Care Association of New York State.

1. Organizational Membership in the Association shall be available to any Federally Qualified Health Center (FQHC) or FQHC Look-Alike based in New York State.
2. Associate Membership in the Association is available to agencies, organizations, consultants and individuals that are interested in, or have goals related to the Association but do not qualify as Organizational Members, e.g., clinical associations, agencies, suppliers and other for-profit or non-profit organizations. Associate Membership is designated For-Profit Organizations, Not-for-Profit Organizations, FQHC-led IPAs, and Individuals. Associate Membership is not available to individuals associated with Organizational Members, including, but not limited to, their employees that provide primary care. Membership in the Associate Membership category will not be available to those who qualify for the Organizational Membership category.

## Section 2.02 Membership Application.

Membership shall be by application in a form approved by the Association’s Board of Directors and submitted to the President and CEO (Chief Executive Officer) of CHCANYS. Membership shall become effective upon approval by the Association’s Board of Directors.

Associate Membership in the Association is available to agencies, organizations, consultants and individuals that are interested in, or have goals related to the Association but do not qualify as Organizational Members, e.g., clinical associations, agencies, suppliers and other for-profit or non-profit organizations. Associate Membership is designated For-Profit Organizations, Not-for-Profit Organizations, FQHC-led IPAs, and Individuals. Associate Membership is not available to individuals associated with Organizational Members, including, but not limited to, their employees that provide primary care. Membership in the Associate Membership category will not be available to those who qualify for the Organizational Membership category.

Associate Membership in the Association is available to agencies, organizations, consultants and individuals that are interested in, or have goals related to the Association but do not qualify as Organizational Members, e.g., clinical associations, agencies, suppliers and other for-profit or non-profit organizations. Associate Membership is designated For-Profit Organizations, Not-for-Profit Organizations, FQHC-led IPAs, and Individuals. Associate Membership is not available to individuals associated with Organizational Members, including, but not limited to, their employees that provide primary care. Membership in the Associate Membership category will not be available to those who qualify for the Organizational Membership category.