



# Affiliation Form

• EDUCATION • TRAINING • SUPPORT • NETWORKING

665 E. Dublin-Granville Road, Suite 440 Columbus, Ohio 43229-3245 (614) 885-7577 FAX (614) 885-8746 (888) 550-7577

EIN # (Federal Tax ID): \_\_\_\_\_

## Contact information:

Center's Advertising Name (Name used for clients) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone # for Client Calls

Legal Name (Name currently incorporated under) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Business phone #

Physical Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mailing/Billing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

General email address \_\_\_\_\_ Client and/or Donor website \_\_\_\_\_

Name of Primary Contact \_\_\_\_\_ Email address of Primary Contact \_\_\_\_\_

## One-year affiliation options:

- \$250.00.** Full Heartbeat affiliation. (Go to [www.Heartbeat.Services.org](http://www.Heartbeat.Services.org) for a complete list of benefits.)
- \$200.00.** Full Heartbeat affiliation. (20% discount if also affiliated with one or more of the following):
  - Care Net  NIFLA  ICU Mobile (Image Clear Ultrasound)  Baptists for Life  Christian Life Resources
  - International Life Services  National Life Center  National Christian Adoption Fellowship
- No Charge.** Complimentary full Heartbeat affiliation as your organization works to open a life-affirming pregnancy help center or maternity home in your community.

## Payment options:

1. **Check:** Make checks payable to: Heartbeat International
2. **Credit Card:** Visa/MC # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing address if different from above: \_\_\_\_\_

Signature \_\_\_\_\_

**Note:** The information in section II is primarily used for statistical analysis and aggregate reporting. The information in Section I may be shared with others.

**I. Please check all the services below which your organization *directly* provides:**

- |   |   |
|---|---|
| <input type="checkbox"/> Pregnancy tests                | <input type="checkbox"/> On-site physician services for pregnancy confirmation and counseling |
| <input type="checkbox"/> Community referrals/networking | <input type="checkbox"/> On-site physician services for pre-natal care                        |
| <input type="checkbox"/> Intervention "counseling"      | <input type="checkbox"/> Off-site partnership with physician/ultrasound provider              |
| <input type="checkbox"/> Material aid                   | <input type="checkbox"/> Adoption support   |
| <input type="checkbox"/> Maternity home                 | <input type="checkbox"/> Host homes/Shepherding homes   |
| <input type="checkbox"/> Adoption agency                | <input type="checkbox"/> Abortion recovery support  |
| <input type="checkbox"/> Men's ministry                 | <input type="checkbox"/> Abstinence education in schools                                      |
| <input type="checkbox"/> College campus satellite       | <input type="checkbox"/> Sexual Integrity Program™  |
| <input type="checkbox"/> Mobile unit                    | <input type="checkbox"/> Childbirth preparation classes                                       |
| <input type="checkbox"/> Resale/thrift store            | <input type="checkbox"/> Parenting classes  |
| <input type="checkbox"/> Ultrasound services            | <input type="checkbox"/> Incentive programs   |
| <input type="checkbox"/> STD testing                    |   |
| <input type="checkbox"/> STD treatment                  |   |

**II. Please answer the following questions:**

1. Number of active volunteers (counselors, board members, unpaid "helpers"): \_\_\_\_\_
2. Number of clients you serve each year in person: \_\_\_\_\_
3. Number of total client visits: \_\_\_\_\_
4. Approximately what is your operating budget for the current year? \_\_\_\_\_
5. Do you charge for any of your services? Y N Explain: \_\_\_\_\_
6. Check appropriate box if you receive any funding from State Federal Medicaid
7. Do you have on-site medical services at your center? Y N  
Medical Director: \_\_\_\_\_ Email: \_\_\_\_\_  
Nurse Manager: \_\_\_\_\_ Email: \_\_\_\_\_
8. Do you own or lease/rent your location properties?  
 Own. If yes, how many locations? \_\_\_\_\_  
 Lease/rent. If yes, how many locations? \_\_\_\_\_

*Note: As an affiliate of Heartbeat, our agency or organization subscribes to the principles of Heartbeat and "Our Commitment of Care and Competence." (Go to <http://www.heartbeatservices.org/services-about-us/commitment-of-care-and-competence>) We recognize that we are autonomous in all other matters of policy and management. This includes choice of name, method of operation, and all other matters which do not violate the principles of Heartbeat International. We expressly agree that Heartbeat International's Legal Consultant does not act as our legal counsel, and cannot represent us in legal proceedings or give us legal advice.*

Signature of Board Member or Director: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach the following:**

- Names, addresses, phone numbers, and emails of your satellite offices.** This will ensure they are included in the Worldwide Directory as well as receive Heartbeat affiliate mailings, e-Blasts, and e-Bulletins.
- Names, email and mailing addresses of your key staff and board members** so each can directly receive print and e-publications like the Annual Conference brochure, *Best of Heartbeat* newsletter, and pertinent affiliate mailings, *Pulse* newsletter, e-Blasts, and e-Bulletins. The best board members are those equipped, envisioned and encouraged for this great work. (*Heartbeat keeps individual contact information confidential.*)