Please indicate your purpose in completing this form by selecting from the options below.

**One-year affiliation options:**

- **$250.00.** Full Heartbeat affiliation. (Go to [www.HeartbeatServices.org](http://www.HeartbeatServices.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)
  - Life Matters Worldwide (BFL)
  - 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 organization in your community.

### Contact information:

<table>
<thead>
<tr>
<th>EIN#</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization’s Advertising Name <em>(Name used for clients)</em></td>
<td><em>(____)______________</em> Phone # for Client Calls</td>
</tr>
<tr>
<td>Legal Name <em>(Name currently incorporated under)</em></td>
<td><em>(____)______________</em> Business phone #</td>
</tr>
<tr>
<td>Physical Street Address</td>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Mailing/Billing Address</td>
<td>City, State, Zip</td>
</tr>
<tr>
<td>General Email Address</td>
<td>Client and/or Donor website</td>
</tr>
<tr>
<td>Name of Primary Contact / Job Title</td>
<td>Email address of Primary Contact</td>
</tr>
</tbody>
</table>

**Hours of operation:**

_________________________ By Appointment Only: ☐ Yes ☐ No

**Payment options** *(if applicable):*

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:**

- [ ] Pregnancy tests
- [ ] On-site physician services for pregnancy confirmation and counseling
- [ ] Community referrals/networking
- [ ] On-site physician services for pre-natal care
- [ ] Peer Counseling
- [ ] Off-site partnership with physician/ultrasound provider
- [ ] Material aid
- [ ] Adoption support
- [ ] Maternity home
- [ ] After abortion support
- [ ] Adoption agency
- [ ] Abstinence education in schools
- [ ] Men’s program
- [ ] Sexual Integrity Program™
- [ ] College campus satellite
- [ ] Childbirth preparation classes
- [ ] Mobile unit
- [ ] Parenting classes
- [ ] Resale/thrift store
- [ ] Incentive programs
- [ ] Ultrasound services
- [ ] Ultrasound services
- [ ] STD testing
- [ ] STD treatment
- [ ] STD treatment

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

1. Year your ministry began: _________________
2. Number of active volunteers (counselors, board members, unpaid “helpers”): _______
3. Number of clients you serve each year in person: ________________
4. Number of total client visits: ________________
5. Approximately what is your operating budget for the current year? ________________
6. Do you charge for any of your services? ☐ Y ☐ N Explain: _________________________________
7. Check appropriate box if you receive any funding from ☐ State ☐ Federal ☐ Medicaid
8. Do you have on-site medical services at your center? ☐ Y ☐ N
   - Medical Director: ___________________________ Email: ___________________________
   - Nurse Manager: ___________________________ Email: ___________________________
9. 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 Heartbeat Principles and to “Our Commitment of Care and Competence.” (Go to [https://www.heartbeatservices.org/about-us/why-affiliate/ready-to-affiliate](https://www.heartbeatservices.org/about-us/why-affiliate/ready-to-affiliate)). 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.

The undersigned certifies that he/she is qualified to sign on behalf of the corporation.

Signature of Board Member or Director: ___________________________ Date: __________________________

**Please attach the following:**

- ☐ Names, addresses, phone numbers, hours, 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 and emails of your key staff and board members so each can directly receive e-publications like the 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.)