



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 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:

EIN#: _____

Organization'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 / Job Title _____ Email address of Primary Contact

Hours of operation:

_____ By Appointment Only: Yes No

Payment options (if applicable):

- Check:** Make checks payable to: Heartbeat International
- 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"/> Peer 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"/> After abortion support |
| <input type="checkbox"/> Adoption agency | <input type="checkbox"/> Abstinence education in schools |
| <input type="checkbox"/> Men's program | <input type="checkbox"/> Sexual Integrity Program™ |
| <input type="checkbox"/> College campus satellite | <input type="checkbox"/> Childbirth preparation classes |
| <input type="checkbox"/> Mobile unit | <input type="checkbox"/> Parenting classes |
| <input type="checkbox"/> Resale/thrift store | <input type="checkbox"/> Incentive programs |
| <input type="checkbox"/> Ultrasound services | |
| <input type="checkbox"/> STD testing | |
| <input type="checkbox"/> 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>). 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.*)