Please indicate your purpose in completing this form by selecting from the options below and mailing to Heartbeat International, 8405 Pulsar Place, Columbus, Ohio 43240.

One-year affiliation options:

- **Affiliate** - $250.00 Select this rate if you are not affiliated with another National Affiliation Organization and have been in existence for more than a year. (Go to www.HeartbeatServices.org for a complete list of benefits.)
- **Affiliate (Discounted)** - $200.00 This rate is for centers who are also affiliated with one or more of the following National Affiliation Organizations:
  - 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
  - Save the Storks
- **Affiliate (Complimentary)** - $0.00 This rate is for start-up centers in their first year. All others will be subject to cancellation.

Contact information:

<table>
<thead>
<tr>
<th>Contact information</th>
<th>EIN#: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization’s Advertising Name (Name used for clients)</td>
<td>(<em><strong><strong>)</strong></strong></em>_______________</td>
</tr>
<tr>
<td>Legal Name (Name currently incorporated under)</td>
<td>(<em><strong><strong>)</strong></strong></em>_______________</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:**
- Abstinence education in schools
- Adoption agency
- Adoption support
- After abortion support
- Childbirth preparation classes
- College campus satellite
- Community referrals/networking
- Incentive programs
- Material aid
- Maternity home
- Men’s program
- Mobile unit
- Off-site partnership with physician/ultrasound provider
- On-site physician services for pregnancy confirmation and counseling
- On-site physician services for pre-natal care
- Parenting classes
- Peer Counseling
- Pregnancy tests
- Resale/thrift store
- Sexual Integrity Program™
- STD testing
- STD treatment
- Ultrasound services

II. **Please answer the following questions:**
1. Year your ministry began: ________________
2. List any other National Associations that you are currently affiliated with: ____________________________
3. Please list language(s) spoken by staff in your organization and are available for clients to receive counseling and/or services in: __________________________________________________
4. Number of active volunteers (counselors, board members, unpaid “helpers”): ______
5. Number of unique clients served last calendar year: ________________
6. Number of total client visits last calendar year: ________________________________
7. Approximately what is your operating budget for the current year? ________________
8. Check appropriate box if you receive any funding from
   - [ ] State
   - [ ] Federal
   - [ ] Medicaid
9. Do you have on-site medical services at your center? [ ] Y  [ ] N
    
    Medical Director: ____________________________ Email: ____________________________
    Nurse Manager: ____________________________ Email: ____________________________

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: ____________________________

III. **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.)