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.

**Inclusion on Option Line website:**  
- [ ] Yes  
- [ ] No

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**Contact information:**

- **EIN#:** ____________________________
- **(_____)____________________** Phone # for Client Calls
- **(_____)____________________** Business phone #

- Organization’s Advertising Name *(Name used for clients)*
- Legal Name *(Name currently incorporated under)*

- 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

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**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
- [ ] Host homes/Shepherding homes
- [ ] Adoption agency
- [ ] After abortion support
- [ ] Men’s program
- [ ] Abstinence education in schools
- [ ] College campus satellite
- [ ] Sexual Integrity Program™
- [ ] Mobile unit
- [ ] Childbirth preparation classes
- [ ] Resale/thrift store
- [ ] Parenting classes
- [ ] Ultrasound services
- [ ] Incentive programs
- [ ] STD testing
- [ ] STD treatment
- [ ] On-site physician services for pre-natal care
- [ ] Off-site partnership with physician/ultrasound provider
- [ ] Adoption support
- [ ] Host homes/Shepherding homes
- [ ] After abortion support
- [ ] Abstinence education in schools
- [ ] Sexual Integrity Program™
- [ ] Childbirth preparation classes
- [ ] Parenting classes
- [ ] Incentive programs

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 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, 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, 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.)