

Affiliation Application

This is a fillable form. Please complete, "save as", then attach completed form in an email to: sarah@allianceforlifemissouri.com

Name of Organization: _____ Year started: _____

Physical Address of Organization: _____

Mailing Address of Organization (if different from above): _____

City: _____ State: _____ Zip Code: _____

County in which Facility is Located: _____

Name of Executive Director: _____ Birth Date **(Mo/Day)** _____

Executive Director E-mail: _____

Director's Cell Phone: (____) _____ Office Phone: (____) _____

Hotline/Client Phone: (____) _____ Office Fax: (____) _____

Name of Board Chair/President: _____

Board Chair/President Email: _____

Client Website: _____ Donor Website: _____

Others affiliated with: (check all that apply)

Heartbeat International CareNet NIFLA Life Matters Worldwide ECFA

Christian Leadership Alliance Other _____

Medical Center/Clinic: [] YES [] NO Medical Director: _____

Nurse Manager: _____ Email: _____

As a medical center what services do you provide: Ultrasound STI Testing Prenatal Care

Maternity Home: [] YES Are you licensed with the state of Missouri? [] YES [] NO Total # of Beds _____

Adoption Agency: [] YES Do you provide: Domestic Adoption International Adoption

Other services you provide: _____

As an affiliate of Alliance For Life, our agency or organization subscribes to the principles of the Alliance For Life and Standards of Affiliation. We recognize that AFL may revoke affiliate status, if in the opinion of AFL any affiliate fails to meet the Standards of Affiliation;

(Signature of Executive Director or Board President) Date: _____

By your signature, you indicate that you have read and are in agreement and compliance with the Alliance for Life *Standards of Affiliation* as stated on **page 3 and 4** of the *Affiliation Benefits and Standards*.



Satellite Office Locations

Satellite Offices/Centers: [] YES [] NO

Satellite Physical Address: _____

City: _____ County: _____ Phone: _____

Center Director: _____ Birthdate: (mo/day): _____

Center Director email: _____

Satellite Physical Address: _____

City: _____ County: _____ Phone: _____

Center Director: _____ Birthdate: (mo/day): _____

Center Director email: _____

Satellite Physical Address: _____

City: _____ County: _____ Phone: _____

Center Director: _____ Birthdate: (mo/day): _____

Center Director email: _____

Satellite Physical Address: _____

City: _____ County: _____ Phone: _____

Center Director: _____ Birthdate: (mo/day): _____

Center Director email: _____

Satellite Physical Address: _____

City: _____ County: _____ Phone: _____

Center Director: _____ Birthdate: (mo/day): _____

Center Director email: _____

Mobile Units

Do you have mobile unit(s)? [] YES [] NO If yes, how many units? _____ If no, are you considering adding a mobile unit? [] YES [] NO If yes, how soon? _____

Cities & counties where mobile units are used: _____



Affiliation Fee Schedule

Complimentary Affiliation: This option is for new ministries in the founding stage, not yet officially opened or ministries in their first year of operation and have not received a complimentary affiliation the previous year. Limit one complimentary affiliation per ministry.

Alternatives to Abortion Subcontractors : In addition to meeting Alternatives to Abortion contract requirements and qualifications, the ministry must have a paid affiliation with the Alliance.

Discount: Receive a 20% discount on a yearly affiliation with Heartbeat International by affiliating with AFL. When affiliating with Heartbeat, you will need to contact them directly to receive the discount.

Affiliation fees are based upon the budget size of the ministry.

<u>Ministry Budget</u>	<u>Fee</u>
Up to 50,000	\$150
51,000 to 100,000	\$175
101,000 to 150,000	\$200
151,000 to 200,000	\$225
201,000 to 250,000	\$275
251,000 to 300,000	\$300
301,000 to 350,000	\$325
351,000 and above	\$350

Payment Options:

Please indicate which payment plan best meets your needs.

Monthly **Quarterly** **Semi-annual** **Annual**

We qualify for a complimentary affiliation of \$_____ (*based on above*)

Enclosed is our affiliation fee of: \$ _____

Online payment submission of: \$_____ Date submitted: _____

To Pay ONLINE:

NOTE: We must have a completed affiliation form submitted whether you pay online or by mail. Please complete the fillable form, "save as" and then attach in an email to: sarah@allianceforlifemissouri.com

Go to our website: www.allianceforlifemissouri.com and select **Affiliate/Partner** Click the **Affiliation Payment** button and it will take you to the payment page. Make sure to choose **give as an organization** and enter the organization name.

To Pay By MAIL:

Checks should be made payable to: **Alliance for Life**

Mail the completed affiliation forms and your check to: (*we are moving, please call for mailing address*)

