

# Affiliation Application

A2A Affiliate Application  
the Alliance.

Use this form if you currently receive A2A funding through

\* Required



1. Name of Organization \*

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2. Physical Address of Organization \*

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3. Mailing Address of Organization (if different from above)

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4. City \*

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5. State \*

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6. Zip Code \*

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7. County Organization is located in \*

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8. Name of Executive Director and Birth Day (mo/day) \*

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9. Executive Director Email \*

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10. Executive Director Cell Phone

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11. Organization Phone \*

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12. Name of Board Chair/President \*

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13. Board Chair/President Email

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14. Client Website \*

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15. Donor Website

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16. Other Affiliations

*Check all that apply.*

- No other affiliations
- Heartbeat International
- CareNet
- Christian Leadership Alliance
- ECFA
- Life Matters Worldwide
- NIFLA
- Other

17. Please list other affiliations

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18. Medical Center/Clinic \*

*Check all that apply.*

- Yes
- No (if you answered no please proceed to next section)

19. Name of Medical Director

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20. Name of Nurse Manager

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21. Nurse Manager Email

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22. Which medical services do you currently provide?

*Check all that apply.*

- Ultrasound
- STI/STD Testing
- Prenatal Care

Maternity Homes

Complete this only if you are a maternity home.

23. Are you a Maternity Home? \*

*Mark only one oval.*

- Yes
- No (if you answered no please proceed to next section)

24. Are you licensed in the state of Missouri?

*Mark only one oval.*

Yes

No

25. Total # of beds

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Adoption Agencies

Please complete if you are an adoption agency.

26. Are you an adoption agency? \*

*Mark only one oval.*

Yes

No (If you answered no, please proceed to next section)

27. Which do you provide?

*Check all that apply.*

Domestic Adoptions

International Adoptions

28. Please describe other services you provide:

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Satellite  
Office  
Locations

Please complete the following if you have other physical locations where you provide services. If you do not, please proceed to next section.

29. Satellite Physical Address

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30. City and County

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31. Name of Center Director and Birth Day (mo/day)

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32. Satellite Physical Address

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33. City and County

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34. Name of Center Director and Birth Day (mo/day)

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35. Satellite Physical Address

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36. City and County

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37. Center Director Name and Birth Day (mo/day)

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38. Satellite Physical Address

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39. City and County

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40. Name of Center Director and Birth Day (mo/day)

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41. Satellite Physical Address

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42. City and County

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43. Name of Center Director and Birth Day (mo/day)

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**Mobile  
Units**

Please complete if you have a mobile unit(s). If you do not, please proceed to next section.

44. How many mobile units do you have?

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45. Please list cities and counties where you use your mobile unit(s)

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**Affiliation  
Fee  
Schedule**

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

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.

46. Please select the budget level for your ministry \*

*Check all that apply.*

Up to \$50,999 Fee = \$175.00

\$51,000 to \$100,999 Fee = \$225.00

\$101,000 to \$150,999 Fee = \$250.00

\$151,000 to \$200,999 Fee = \$275.00

\$201,000 to \$250,999 Fee = \$300.00

\$251,000 to \$300,999 Fee = \$325.00

\$301,000 to \$350,999 Fee = \$350.00

\$351,000 to \$499,999 Fee = \$375.00

\$500,000 and above Fee = \$385.00

QUALIFY FOR COMPLIMENTARY AFFILIATION. NOTE: Please check appropriate budget level above.

Affiliation payments made be made online through the affiliation payment link on our website under Become an Affiliate or sent by mail.



47. I will make my payment: \*

*Mark only one oval.*

Online through the website

By mail to: Alliance for Life 487 SW Ward Rd. Lee's Summit, MO 64081

Signature  
Page

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 Standard of Affiliation.

48. Please complete the following to confirm your agreement. \*

*Check all that apply.*

Have read and are in agreement and compliance with the Standards of Affiliation.

49. Signature of Executive Director or Board Chair/President (typing in your name will be considered as your signature. \*)

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50. Date: \*

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*Example: January 7, 2019*

**If you wish to retain a copy of this application, you will need to print BEFORE you submit!**

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