



Affiliation Application A2A Sub

[Questions](#)

[Responses](#)

[Settings](#)

Section 1 of 8

Affiliation Application



A2A Affiliate Application

Use this form if you currently receive A2A funding through the Alliance.

Email *

Valid email

This form is collecting emails. [Change settings](#)

Image title



Name of Organization *



Short answer text

Physical Address of Organization *

Short answer text

Mailing Address of Organization (if different from above)

Short answer text

City *

Short answer text

State *

Short answer text

Zip Code *

Short answer text

County Organization is located in *

Short answer text



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

Short answer text

Executive Director Email *

Short answer text

Executive Director Cell Phone

Short answer text

Organization Phone *

Short answer text

Name of Board Chair/President *

Short answer text

Board Chair/President Email

Short answer text

Client Website *



Short answer text

Donor Website

Short answer text

Other Affiliations

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

Please list other affiliations

Short answer text

Medical Center/Clinic *



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

Name of Medical Director

Short answer text

Name of Nurse Manager

Short answer text

Nurse Manager Email

Short answer text

Which medical services do you currently provide?

- Ultrasound
- STI/STD Testing
- Prenatal Care

After section 1 Continue to next section



Section 2 of 8

Maternity Homes



Are you a Maternity Home? *

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

Are you licensed in the state of Missouri?

- Yes
- No

Total # of beds

Short answer text

After section 2 Continue to next section



Section 3 of 8

Adoption Agencies



Please complete if you are an adoption agency.

Are you an adoption agency? *

- Yes



Which do you provide?

Domestic Adoptions

International Adoptions

Please describe other services you provide:

Long answer text

After section 3 Continue to next section



Section 4 of 8

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.

Satellite Physical Address

Short answer text

City and County

Short answer text



Short answer text

Satellite Physical Address

Short answer text

City and County

Short answer text

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

Short answer text

Satellite Physical Address

Short answer text

City and County

Short answer text

Center Director Name and Birth Day (mo/day)

Short answer text



Satellite Physical Address

Short answer text

City and County

Short answer text

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

Short answer text

Satellite Physical Address

Short answer text

City and County

Short answer text

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

Short answer text

After section 4 Continue to next section



Mobile Units



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

How many mobile units do you have?

Short answer text

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

Long answer text

After section 5 Continue to next section



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.

Please select the budget level for your ministry *

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.

After section 6 Continue to next section 

Section 7 of 8

Section title (optional)



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

I will make my payment: *

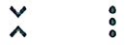
Online through the website

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

After section 7 Continue to next section 



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 Standards of Affiliation.

Please complete the following to confirm your agreement. *

- Have read and our organization is in agreement and compliance with the Affiliate Organization Standar...
- Have read and our organization is in agreement with the AFL Standards.

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

Short answer text

Date: *

Month, day, year



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

Description (optional)

