



Affiliation Form

• EDUCATION • TRAINING • SUPPORT • NETWORKING

665 E. Dublin-Granville Road, Suite 440 Columbus, Ohio 43229-3245 (614) 885-7577 FAX (614) 885-8746 (888) 550-7577

EIN # (Federal Tax ID): _____

Contact information:

Name of Organization: _____

Name of Director: _____ Title: _____

Address of Organization _____ Year center opened: _____

City: _____ State: _____ Zip: _____

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

Director home:(____) _____ Fax:(____) _____

E-Mail: _____ Website: _____

Please attach the following:

- Names, addresses, phone numbers, 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 Board members** so each can directly receive print and e-publications like the Annual Conference brochure, Pulse and pertinent affiliate mailings, e-Blasts, and e-Bulletins. The best board members are those equipped, envisioned and encouraged for this great work. *(Note: Heartbeat keeps individual information confidential.)*
- If you are exempt from sales tax under your state's laws, attach a copy of the certificate showing that you are exempt from state sales tax, ***if you haven't done so already.***

One-year affiliation options:

- \$250.00.** Full Heartbeat affiliation. (Go to 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 Christian Life Resources International Life Services National Life Center
 - Baptists for Life North American Mission Board National Christian Adoption Fellowship
- No Charge.** Complimentary full Heartbeat affiliation as your organization works to open a life-affirming pregnancy help center or maternity home in your community.

Payment options:

1. **Check:** Make checks payable to: Heartbeat International
2. **Credit Card:** Visa/MC # _____ Expiration Date _____

Signature _____

Note: The information in sections II and III of this survey are 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:

- | | |
|---|---|
| <input type="checkbox"/> Pregnancy tests | <input type="checkbox"/> On-site physician services for pregnancy confirmation and counseling |
| <input type="checkbox"/> Community referrals/networking | <input type="checkbox"/> On-site physician services for pre-natal care |
| <input type="checkbox"/> Crisis intervention "counseling" | <input type="checkbox"/> Off-site partnership with physician |
| <input type="checkbox"/> Material aid | <input type="checkbox"/> Adoption support |
| <input type="checkbox"/> Maternity home | <input type="checkbox"/> Host homes/Shepherding homes |
| <input type="checkbox"/> Adoption agency | <input type="checkbox"/> Abortion recovery support |
| <input type="checkbox"/> Men's ministry | <input type="checkbox"/> Abstinence education in schools |
| <input type="checkbox"/> College campus satellite | <input type="checkbox"/> Abstinence education in the community |
| <input type="checkbox"/> Mobile unit | <input type="checkbox"/> Sexual Integrity Program™ |
| <input type="checkbox"/> Resale/thrift store | <input type="checkbox"/> Childbirth preparation classes |
| <input type="checkbox"/> Ultrasound on-site services | <input type="checkbox"/> Parenting classes |
| <input type="checkbox"/> STD testing | <input type="checkbox"/> Incentive programs |
| <input type="checkbox"/> STD treatment | |

II. Organizational Structure: check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Board of Directors or Trustees | <input type="checkbox"/> Other paid staff |
| <input type="checkbox"/> Advisory Board | <input type="checkbox"/> Director-Volunteer |
| <input type="checkbox"/> Director-Paid | <input type="checkbox"/> Other volunteer leaders |

III. Please answer the following questions:

1. How many active volunteers do you have working with clients? _____
2. How many clients do you serve each year by phone? _____
3. How many clients do you serve each year in person? _____
4. Approximately what is your operating budget for the current year? _____
5. Do you own or lease/rent your location properties? Own. If yes, how many locations? _____
 Lease/rent. If yes, how many locations? _____
6. Do you charge for any of your services? Y N Explain: _____
7. Do you receive any government funding? State Federal None
8. Do you receive any Medicaid reimbursement? Y N
9. Do you consider yourself a Christian ministry? Y N
If so, do all staff and volunteers sign a statement of faith? Y N
10. What was the last year someone from your center attended Heartbeat's conference? _____
If not within the last two years, what kept you from attending? _____
11. Do you have on-site medical services at your center? Y N
What year were services added? _____ Medical Director's name: _____
12. If not, are you considering adding medical services? Yes, we hope to add them by _____.

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.heartbeatinternational.org/affiliation.htm>) 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. As an affiliate, we may choose to participate in the insurance program offered by Patriot Insurance Company. We agree that Heartbeat may request information from Patriot regarding our insurance policies with them.

Signature of Board Member or Director: _____ Date: _____