



2021 NEW MEMBERSHIP FORM

Please Pay Online at memberships.nifla.org
or mail form with payment to:
10333 Southpoint Landing Blvd. #107,
Fredericksburg, VA 22407

OFFICE USE ONLY

Mbr # _____

Date _____

Check # _____

Amt \$ _____

Center Name: _____

Physical Address: _____

(Street)

(City)

(ST)

(Zip)

Mailing Address (if different): _____

Center Phone: _____ Website: _____

Director Name: _____ Title: Dir ExDir CEO

Center Email: _____

Director Email: _____

Board Chair: _____

(Name)

(Email)

Nurse Mgr: _____

(Name)

(Email)

Medical Dir: _____

(Name)

(Email)

Attorney: _____

(Name)

(Email)

Circle all medical services provided:

Ultrasound **STI TEST** STI TREAT

Abortion Pill Rev Prenatal Vitamin

Urine Preg Test Other _____

Do you have satellites? Y N

Satellites are additional offices (including mobile units) which you operate under your corporate status. **LIST ON BACK OF FORM**

Circle Affiliations: CareNet ILS

HeartbeatIntnt LifeMatters

Medical Non Affiliated \$395

Medical Affiliated \$380

Non-Medical Non Affiliated \$345

Non-Medical Affiliated \$330

2021 MEMBERSHIP FEES:

To receive an "affiliated" membership price, your organization must be associated with one of NIFLA's pro-life partners listed in the box above.

NIFLA COMMITMENT OF CARE AND COMPETENCE

1. Clients are served without regard to age, race, income, nationality, religious affiliation, disability or other arbitrary circumstances.
2. Clients are treated with kindness, compassion and in a caring manner.
3. Clients always receive honest and open answers.
4. Client pregnancy tests are distributed and administered in accordance with all applicable laws.
5. Client information is held in strict and absolute confidence. Releases and permissions are obtained appropriately. Client information is only disclosed as required by law and when necessary to protect the client or others against imminent harm.
6. Clients receive accurate information about pregnancy, fetal development, lifestyle issues, and related concerns.
7. We do not offer, recommend or refer for abortions, abortifacients, or contraceptives. We are committed to offerings accurate information about related risks and procedures.
8. All of our advertising and communications are truthful and honest, and accurately describe the services we offer.
9. We provide safe environment by screening all volunteers and staff interacting with clients.
10. We are governed by a Board of Directors, and operate in accordance with our articles of incorporation, by-laws, and stated purpose and mission.
11. We comply with applicable legal and regulatory requirements regarding employments, fundraising, financial management, taxation and public disclosure, including the filing of all applicable government reports in a timely manner.
12. Medical services are provided in accordance with applicable laws, and in accordance with pertinent medical standards, under the supervision and direction of a licensed physician.
13. All of our staff and volunteers receive appropriate training to uphold these standards.

BY SUBMITTING THIS FORM WITH MEMBERSHIP FEE, WE (THE CENTER) ARE AGREEING TO COMPLY WITH THIS COMMITMENT

PLEASE LIST SATELLITES HERE (Note: satellites must have either a unique zipcode or phone number to be listed)

Satellite A: MOBILE? Y N

Center Name: _____ Phone: _____ Address:

_____ City: _____ ST _____ Zip: _____

Director Name: _____ Email Address: _____

Medical services provided: U/S PV STI Test STI Treat APR UPT

Satellite B: MOBILE? Y N

Center Name: _____ Phone: _____ Address:

_____ City: _____ ST _____ Zip: _____

Director Name: _____ Email Address: _____

Medical services provided: U/S PV STI Test STI Treat APR UPT

Satellite C: MOBILE? Y N

Center Name: _____ Phone: _____ Address:

_____ City: _____ ST _____ Zip: _____

Director Name: _____ Email Address: _____

Medical services provided: U/S PV STI Test STI Treat APR UPT

Satellite D: MOBILE? Y N

Center Name: _____ Phone: _____ Address:

_____ City: _____ ST _____ Zip: _____

Director Name: _____ Email Address: _____

Medical services provided: U/S PV STI Test STI Treat APR UPT

PLEASE COPY THIS PAGE AND USE TO SUBMIT ADDITIONAL SATELLITE CENTERS

“Many thanks for the wonderful NIFLA conference last week. You all were such a blessing to us and I’m so grateful you are willing to put your many gifts and talents to work for the LORD in this way. My nurse and I left the conference empowered by the information you shared – confident in knowledge and inspired by your faith and commitment. When we reported to the board at our meeting this week, they were likewise grateful for the solid legal advice you provided. Your work truly raises all of us to a higher level of professionalism. Thanks also to Tom for the fun & knowledgeable tour of Fredericksburg – it was a highlight!

*God bless you all,
Anne Fredrickson, Executive Director”*