



2022 MEMBERSHIP

Please renew online at membership.nifla.org
or mail this form with payment to:
10333 Southpoint Landing Blvd., #107
Fredericksburg, VA 22407

OFFICE USE ONLY

Date: _____

Member #: _____

Amount: _____

Check #: _____

Center Name: _____

Address: _____

Mailing Address (if different): _____

Center Phone: _____ Website: _____

Center Email: _____

Director Name: _____ Title: Dir. Exec. Dir. CEO

Director Email: _____

Board Chair: _____ Email: _____

Nurse Manager: _____ Email: _____

Medical Director: _____ Email: _____

- Medical Non-Affiliated \$360 (\$395 after 1/15/2022)
- Medical Affiliated \$345 (\$380 after 1/15/2022)
- Non-Medical Non-Affiliated \$310 (\$345 after 1/15/2022)
- Non-Medical Affiliated \$295 (\$330 after 1/15/2022)

Circle Affiliations:

- Care Net
- ILS
- Heartbeat International
- Life Matters

Your organization MUST be associated with one of NIFLA's pro-life affiliated partners listed in the box above to receive an "affiliated" membership price.

Check all MEDICAL services your center provides:

- Ultrasound
- STI Test and Treat
- Abortion Pill Reversal
- Urine Pregnancy Test
- Prenatal Vitamins
- Other: _____

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 offering accurate information about related risks and procedures.
8. All our advertising and communications are truthful and honest and accurately describe the services we offer.
9. We provide a safe environment by screening all volunteers and staff that will be 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 admission.
11. We comply with applicable legal and regulatory requirements regarding employment, 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 our staff and volunteers receive appropriate training to uphold these standards.

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

PLEASE LIST SATELLITES HERE

(Note: satellites must have either a unique zip code or phone number to be listed)

SATELLITE A: Center Name: _____ **MOBILE?** Y N

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Director Name: _____ Email: _____

Medical Services Provided: U/S PV STI Test STI Treat APR UPT

SATELLITE B: Center Name: _____ **MOBILE?** Y N

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Director Name: _____ Email: _____

Medical Services Provided: U/S PV STI Test STI Treat APR UPT

SATELLITE C: Center Name: _____ **MOBILE?** Y N

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Director Name: _____ Email: _____

Medical Services Provided: U/S PV STI Test STI Treat APR UPT