2024 Membership Form



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 Information		
Center Name:		
Physical Address:		
Mailing Address:		
Center Phone:	Center Website:	
Center Email:		
Center Personnel		
Director Name:	Email: Title:	
	Email:	
Attorney: Board Chair	Email:	
Medical Director:	Email:	
Nurse Manager:	Email:	
Membership Prices		
Medical Non-Affiliated:	\$420 Affiliations	
Medical Affiliated:	check if applies	
Non-Medical Non-Affiliated:	\$370	
Non-Medical Affiliated:	\$355	
Your organization MUST be associated with one of NIFLA's pro-life affiliated partners listed above to receive an "affiliated" membership price.		

Check All Medical Services Your Center Provides:

- **O** Ultrasound
- O STI Test & Treat
- O Abortion Pill Reversal

- O Urine Pregnancy Test
- O 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.

Director Name:

Medical Services Provided:

U/S

- 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 All Satellite Centers Satellites must have either a unique zip code or phone number to be listed. **Satellite**: Center Name: Mobile? Y N Address: Phone: State: Zip Code: City: **Director Name:** Email: Medical Services Provided: U/S PV APR STI Test STI Treat **UPT Satellite**: Center Name: Mobile? Address: Phone: Zip Code: State: City: Director Name: Email: Medical Services Provided: U/S PV APR **UPT** STI Test STI Treat **Satellite**: Center Name: Mobile? Address: Phone: Zip Code: City: State:

Email:

UPT

PV STI Test STI Treat APR