

**P.O. Box 2215
Columbus, IN 47202
812-565-2360**



Application for Membership

Date: _____

Center Name: _____

Business Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Executive Director/CEO Name: _____

Exec. Director/CEO Email: _____

Please list each pregnancy care center location (or mobile unit*) as follows:

Street Address	City	County	Hours of Operation

*If you operate a mobile unit, please list on a separate line each location where it is typically parked and the days/hours it is in that particular location.

To be eligible for membership in the Indiana Association of Pregnancy Centers, Inc. (IAPC), a pregnancy center must meet all of the following criteria. Please initial that each of these criteria is TRUE of each location listed:

- _____ This organization is a non-governmental, not-for-profit organization that operates in the State of Indiana. Proof of 501(c)(3) tax exemption is enclosed.
- _____ Our primary purpose is to provide free pregnancy testing and counsel to encourage women to continue their pregnancies to term. We do so in a free standing location or mobile unit.
- _____ Our organization encourages pregnant women to choose life for their pre-born child.
- _____ Our organization provides a training program for all persons administering counseling services, which includes a minimum of 10 hours of training in direct peer counseling under the supervision of a fully trained pregnancy peer counselor or staff member.
- _____ Our organization is not involved or associated, in any way, with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, prescribing, referring or providing potentially abortifacient agents, or pro-abortion advertising.
- _____ Our organization does not charge clients for pregnancy testing or counseling services.
- _____ Our organization does not discriminate in its provision of any services on the basis of race, religion, marital status, national origin, handicap, gender, or age.
- _____ We certify that the IAPC funds will be used to facilitate and provide services for pregnant women or women who believe they may be pregnant. These services may include, but are not limited to: pregnancy tests, life-affirming counseling and technology, education, medical care, and material support (including clothing, food, housing, transportation, baby furniture, and other baby items.)
- _____ We have completed and enclosed the IAPC “*Certification of Funds Usage*” document. NOTE: A copy of the Certification of Funds Usage document may be obtained by email to: NormaC@affirminglifeonline.org.
- _____ Our organization has a paid director who oversees the operations of the organization.
- _____ Our organization Executive Director/CEO will provide an annual statement of compliance with these criteria and that the funds were used as mandated.
- _____ Our organization markets services to abortion vulnerable women and is committed to integrity in providing promised information and services and avoiding any form of deception in its corporate advertising, practices, and individual conversations.

We the undersigned declare that _____
(Insert Organization’s Name) meets each of the above criteria for membership into the Indiana Association of Pregnancy Centers and that any funds received from the IAPC as proceeds from sale of the “Choose Life” specialty plate will be used in accordance with the above criteria.

Signed: _____ Date: _____ Phone: _____ - _____ - _____
(Executive Director / CEO)

Signed: _____ Date: _____ Phone: _____ - _____ - _____
(Board Chairman)

The annual membership fee of \$75 for the first center and \$50 for each additional center must be submitted with this application. Please make your check payable to: **Indiana Association of Pregnancy Centers.**

Submit your check, this application, a “*Certification of Funds Usage*” document, and a copy of your organization’s 501(c)(3) determination letter to:

IAPC
P.O. Box 2215
Columbus, IN 47202

The IAPC Board grants membership into the Indiana Association of Pregnancy Centers. The IAPC Board may request additional information about your center to help them make their determination. You will be notified as soon as your application has been processed. Questions about the IAPC or this application may be sent to JimB@affirminglifeonline.org.

We thank you for your interest in participating in the Indiana Association of Pregnancy Centers.