



P.O. Box 2215
Columbus, IN 47202
812-378-4114

Application for Membership

Date: _____

Center Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Center Business Phone: _____ - _____ - _____

Fax Number: _____ - _____ - _____

Director's Name: _____

Director's Email: _____

Indiana counties where you have pregnancy care centers: _____

To be eligible for membership in the Indiana Association of Pregnancy Centers, Inc. (IAPC), a pregnancy center must meet the following criteria:

1. The organization must be a non-governmental, not-for-profit organization that operates in the State of Indiana. Proof of 501(c)(3) tax exemption must be provided.
2. The primary purpose of the applying 501(c)(3) organization must be to provide, in a free standing location, free pregnancy testing and counsel to encourage women to continue their pregnancies to term.
3. The organization must encourage pregnant women to choose life for their unborn child.
4. The organization must provide 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.
5. The organization may not be 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.

6. The organization may not charge clients for pregnancy testing and counseling services.
7. The organization may not discriminate in its provision of any services on the basis of race, religion, marital status, national origin, handicap, gender, or age.
8. An organization, which receives funds from the IAPC, must use these funds to facilitate and provide services for pregnant women or women who believe they may be pregnant. These services can 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. Before an IAPC member center can receive funds from the IAPC, a "Certification of Funds Usage" document must be completed by the center and returned to the IAPC. To obtain a copy of the Certification of Funds Usage document, please email your request to: director@choicesforwomen.org. The organization must have a director who oversees the operations of the organization.
9. The organization director must provide an annual statement of compliance with these criteria and that the funds were used as mandated.
10. The center seeks to market its 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 eleven 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 / Center Director)

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

A **\$50.00** annual membership fee must be submitted with this application. Please make your check payable to: **Indiana Association of Pregnancy Centers**. Submit your check, along with this application, 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: tina@cpcbloomington.org.

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