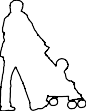
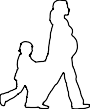
**Association of Maternal & Child Health Programs**

## 1825 K Street NW, Suite 250

Washington, DC 20006



Phone: (202) 775-0436

Fax: (202) 478-5120

Web: [www.amchp.org](http://www.amchp.org)



**

**Application for Individual Associate Membership 2023**

## Period Covered: October 1, 2022 - September 30, 2023

1. **Provide contact information.**

Name: Title: Organization: Address: City, State and Zip: Phone: Fax: Email:

1. **Membership dues**

Individual Associate Members - $205

Student/Title V Alumni/Family Associate Members - $100

1. **Payment**

Include check or money order payable to AMCHP and mail to the address above or pay by credit [card:](https://bit.ly/2pk9IUc)

[Student/Alumni/Family Payment Link](https://buy.stripe.com/4gw4iPaPweOS86YcMM)

[Individual Associate Payment Link](https://buy.stripe.com/28o02zcXE6im86YeUV)

Membership benefits begin on Oct. 1 of each fiscal year.

Send completed application to Linnard Corbin at [lcorbin@amchp.org](mailto:lcorbin@amchp.org).

Individual Associate members are entitled to the rights and privileges specified in AMCHP by-laws.

As a benefit to our members, AMCHP rents our membership list to organizations for one-time use to promote an event, publication or other resource related to maternal and child health that we deem beneficial to our members. If you would prefer not to receive these additional maternal and child health mailings, please contact us.