**Association of Maternal & Child Health Programs**

## 1825 K Street NW, Suite 250

Washington, DC 20006

Phone: (202) 775-0436

Fax: (202) 478-5120

Web: amchp.org

**Application for Organizational Membership 2024**

## Period Covered: October 1, 2023 - September 30, 2024

1. **Provide contact information.**

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

1. **Enclose payment of membership dues – $1,450.**

Include check or money order payable to AMCHP. **If you have questions,**

**please contact Linnard Corbin at** **lcorbin@amchp.org.**

# Mail to AMCHP.

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

Organizational 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.

***Please Note:*** AMCHP’s Membership Dues aren’t tax deductible.

**Organizational Associates Covered by 2023-2024 AMCHP Membership**

Name of Organization \_

|  |  |  |
| --- | --- | --- |
| **1. Organizational Associate Member****Name**: **Degree**:**Title**: **Organization**: **Address**:**Phone**: **Fax**:**Email**: |  | **5. Organizational Associate Member****Name**: **Degree**:**Title**: **Organization**: **Address**:**Phone**: **Fax**:**Email**: |
| **2. Organizational Associate Member****Name**: **Degree**:**Title**: **Organization**: **Address**:**Phone**:**Email**: **Fax**: | **6. Organizational Associate Member****Name**: **Degree**:**Title**: **Organization**: **Address**:**Phone**:**Email**: **Fax**: |
| **3. Organizational Associate Member****Name**: **Degree**:**Title**: **Organization**: **Address**:**Phone**: **Fax**:**Email**: | **7. Organizational Associate Member****Name**: **Degree**:**Title**: **Organization**: **Address**:**Phone**: **Fax**:**Email**: |
| **4. Organizational Associate Member****Name**: **Degree**:**Title**: **Organization**: **Address**:**Phone**: **Fax**:**Email**: | **8. Organizational Associate Member****Name**: **Degree**:**Title**: **Organization**: **Address**:**Phone**: **Fax**:**Email**: |

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