

Association of Maternal & Child Health Programs

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ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

Application for Organizational Membership 2012

Period Covered: October 1, 2011 - September 30, 2012

1. Provide contact information.

Name: _____

Title: _____

Organization: _____

Address: _____

City, State and Zip: _____

Phone: _____ Fax: _____

Email: _____

2. Enclose payment of membership dues — \$850.

Include check or money order payable to AMCHP. ***Please call Laura Goodwin, Member Services Manager at (202) 266-3037 if you'd like to process payment with a credit card.***

3. Mail to AMCHP.

Membership benefits will begin on October 1.

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.

Organizational Associates Covered by 2011-2012 AMCHP Membership

Name of Organization _____

<p>1. <u>Organizational Associate Member</u></p> <p>Name: _____ Degree: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>	<p>5. <u>Organizational Associate Member</u></p> <p>Name: _____ Degree: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>
<p>2. <u>Organizational Associate Member</u></p> <p>Name: _____ Degree: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>	<p>6. <u>Organizational Associate Member</u></p> <p>Name: _____ Degree: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>
<p>3. <u>Organizational Associate Member</u></p> <p>Name: _____ Degree: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>	<p>7. <u>Organizational Associate Member</u></p> <p>Name: _____ Degree: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>
<p>4. <u>Organizational Associate Member</u></p> <p>Name: _____ Degree: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>	<p>8. <u>Organizational Associate Member</u></p> <p>Name: _____ Degree: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>

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AMCHP Membership Categories At-A-Glance

States/Territorial Programs	2012 Dues Rate
Pacific Island Territories	\$1,000
Less than 2 million	\$4,400
2 million to 5 million	\$6,000
5 million to 10 million	\$6,800
Over 10 million	\$7,900
Individual Regular Member	\$120
 Other Members	
Organizational Associate Member (up to 8 members from one organization)	\$850
Individual Associate Members <i>*Special individual associate rate for students and Title V Alumni</i>	\$120 / \$60*

Membership Categories Defined

State & Territorial Program Members: Each state and territory MCH/CSHCN program shall be eligible for membership. Each Title V Program that has paid its dues is entitled to appoint Delegates, who have voting rights.

Delegates: Each Title V Program paying dues may designate up to five (5) Delegates but the fifth Delegate seat may only be held by a family liaison to the Title V program.

Individual Regular Members: Individual Regular Members are staff of Title V programs, or individuals working in partnership with Title V programs with a letter of recommendation from the Title V director. Such individuals are only eligible for regular membership if the Title V program from their state or territory is a dues-paying Title V Program Member of the Association. Each Title V Program member of the Association may have an unlimited number of regular members from its state or territory. Regular members shall be eligible to serve on AMCHP committees and task forces and to vote on all matters before the Association, except election of Officers and Directors. Regular members and Delegates who are family liaisons to

Title V Programs shall also be eligible for election to the Family Representative positions on the Board of Directors.

Individual Associate Members: Open to both individuals and organizations with an interest in Maternal and Child Health. Associate members are not eligible to vote on any matter or to hold an office or Board of Director position, but may serve on committees of the Association other than standing committees of the Board.

Student Member: Anyone who is enrolled full-time at an institution of higher education pursuing a bachelors, masters or other advanced degree with an interest and/or focus on MCH issues.

Alumni Member: Previous AMCHP members who have retired from active practice and no longer derive significant income from work-related activities.