Application for Individual Associate Membership 2015
Period Covered: October 1, 2014 - September 30, 2015

1. Provide contact information.

Name: ________________________________
Title: ________________________________
Organization: _________________________
Address: ______________________________
City, State and Zip: ____________________
Phone: _______________________________  Fax: __________________
Email: ________________________________

2. Enclose payment of membership dues - $135/ $70 (Student/Title V Alumni)

Include check or money order payable to AMCHP. Please call AMCHP 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.

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.