Application for Individual Associate Membership 2018
Period Covered: October 1, 2017 - September 30, 2018

1. Provide contact information.

Name: ____________________________
Title: ____________________________
Organization: ______________________
Address: __________________________
City, State and Zip: __________________
Phone: ____________________________ Fax: __________________
Email: ____________________________

2. Enclose payment of membership dues - $200/ $95 (Student/Title V Alumni)

Include check or money order payable to AMCHP. If you'd like to process payment with a credit card, please contact Patrick Boyle at pboyle@amchp.org.

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.