Application for Individual Associate Membership 2021
Period Covered: October 1, 2020 - September 30, 2021

1. Provide contact information.

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

2. Membership dues
   Individual Associate Members - $205
   Student/Title V Alumni/Family Associate Members - $100

3. Payment
Include check or money order payable to AMCHP and mail to the address above or pay
Membership benefits begin on Oct. 1 of each fiscal year.

Send completed application to Linnard Corbin at 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.