

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



ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

Application for Individual Associate Membership 2020

Period Covered: October 1, 2019 - September 30, 2020

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.

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

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.