

Association of Maternal & Child Health Programs

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ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

Application for Organizational 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. Enclose payment of membership dues – \$1,450.

Include check or money order payable to AMCHP. *If you have questions, please contact Shelsia Boone at sboone@amchp.org.*

3. Mail to AMCHP.

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

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 2019-2020 AMCHP Membership

Name of Organization _____

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

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