Application for Individual Associate Membership 2022
Period Covered: October 1, 2021 - September 30, 2022

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 by credit card:

   [Student/Alumni/Family Payment Link]
   [Individual Associate Payment Link]

   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.*