

# 2025 Membership Form



Please renew online at [membership.nifla.org](http://membership.nifla.org) or mail this form, with payment, to:

10333 Southpoint Landing Blvd., #107  
Fredericksburg, VA 22407

## Office Use Only

Date: \_\_\_\_\_

Member #: \_\_\_\_\_

Amount: \_\_\_\_\_

Check #: \_\_\_\_\_

## Center Information

Center Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Center Phone: \_\_\_\_\_ Center Website: \_\_\_\_\_

Center Email: \_\_\_\_\_

## Center Personnel

Director Name: \_\_\_\_\_ Email: \_\_\_\_\_ Title: \_\_\_\_\_

Attorney: \_\_\_\_\_ Email: \_\_\_\_\_

Board Chair \_\_\_\_\_ Email: \_\_\_\_\_

Medical Director: \_\_\_\_\_ Email: \_\_\_\_\_

Nurse Manager: \_\_\_\_\_ Email: \_\_\_\_\_

## Membership Prices

Medical Non-Affiliated: ..... \$420

Medical Affiliated: ..... \$405

Non-Medical Non-Affiliated: ..... \$370

Non-Medical Affiliated: ..... \$355

### Affiliations *check if applies*

Heartbeat International     Care Net

Your organization MUST be associated with one of NIFLA's pro-life affiliated partners listed above to receive an "affiliated" membership price.

## Check All Medical Services Your Center Provides:

- Ultrasound
- STI Test & Treat
- Abortion Pill Reversal
- Urine Pregnancy Test
- Prenatal Vitamins
- Other: \_\_\_\_\_

# NIFLA COMMITMENT OF CARE AND COMPETENCE

1. Clients are served without regard to age, race, income, nationality, religious affiliation, disability or other arbitrary circumstances.
2. Clients are treated with kindness and compassion, in a caring manner.
3. Clients always receive honest and open answers.
4. Client information is kept securely and confidentially and only released with the client's signed authorization or as required by law.
5. Clients receive accurate information about pregnancy, fetal development, lifestyle issues, and related concerns.
6. We do not offer, recommend, or refer for abortions or abortifacients, or contraceptives. We are committed to offering accurate information about related risks and procedures.
7. All our advertising and communications are truthful and honest and accurately describe the services we offer.
8. We provide a safe environment by screening and equipping all staff and volunteers interacting with clients.
9. We are governed by a board of directors and operate in accordance with our articles of incorporation, bylaws, and stated purpose and mission.
10. We comply with applicable legal and regulatory requirements regarding employment, fundraising, financial management, taxation, and public disclosure, including the filing of all applicable government reports in a timely manner.
11. All services are provided in accordance with pertinent and applicable laws. Medical services are provided in accordance with medical standards, under the supervision and direction of a licensed physician (or advanced clinical provider as permitted by law).
12. All our staff and volunteers receive appropriate training to uphold these standards.

**BY SUBMITTING THIS FORM WITH YOUR MEMBERSHIP FEE, WE (THE CENTER) ARE AGREEING TO COMPLY WITH THIS COMMITMENT.**

## Please List All Satellite Centers

Satellites must have either a unique zip code or phone number to be listed.

<b>Satellite</b> : Center Name:	_____	Mobile?	Y	N		
Address:	_____	Phone:	_____	_____		
City:	_____	State:	_____	Zip Code: _____		
Director Name:	_____	Email:	_____	_____		
Medical Services Provided:	U/S	PV	STI Test	STI Treat	APR	UPT

<b>Satellite</b> : Center Name:	_____	Mobile?	Y	N		
Address:	_____	Phone:	_____	_____		
City:	_____	State:	_____	Zip Code: _____		
Director Name:	_____	Email:	_____	_____		
Medical Services Provided:	U/S	PV	STI Test	STI Treat	APR	UPT

<b>Satellite</b> : Center Name:	_____	Mobile?	Y	N		
Address:	_____	Phone:	_____	_____		
City:	_____	State:	_____	Zip Code: _____		
Director Name:	_____	Email:	_____	_____		
Medical Services Provided:	U/S	PV	STI Test	STI Treat	APR	UPT