2026 MEMBERSHIP FORM



Please renew online at **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 Email:									
Center Personnel									
Director Name:		Email:							
Board Chair:		Email:							
Medical Director:		Email:							
Nurse Manager:		Email:							
Attorney:		Email:							
Membership Prices									
Medical Non-Affiliated	\$435								
Medical Affiliated*\$420		Affiliations Check if applies							
Non-Medical Non-Affiliated	\$385	O Heartbeat Internati	onal O Care Net						
Non-Medical Affiliated*\$370		• Heartbeat international • • Care Net							
*Your organization MUST be associated with one of NIFLA's pro-life affiliated partners listed to receive an "affiliated" membership price.									
Check All <u>Medical</u> Services Your Center Provides									
O Ultrasound	O STI Test	O STI Treat							
O Abortion Pill Reversal	O Prenatal Vitamir	s O Urine Pregnancy Test							
O Other:									

Please List Satellite Centers

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

Additional satellite centers can be added online under Member Account Page.

(Satellite A) Center Name:					Mo	bile? Y	N
Address:					Pho	ne:	
City:			State:		Zip	Code:	
Director Name:			Email:				
Medical Services Provided:	U/S	STI Test	STI Treat	APR	PV	UPT	
(Satellite B) Center Name:					Мо	bile? Y	N
Address:		Phone:					
City:			State:		Zip	Code:	
Director Name:			Email:				
Medical Services Provided:	U/S	STI Test	STI Treat	APR	PV	UPT	
(Satellite C) Center Name:					Мо	bile? Y	N
Address:		Phone:					
City:			State: Zip Code:				
Director Name:			Email:				
Medical Services Provided:	U/S	STI Test	STI Treat	APR	PV	UPT	

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.