

**THE NATIONAL ASSOCIATION OF MATERNITY HOMES
APPLICATION FOR MEMBERSHIP**

Name of Organization _____ Date _____

Street Address _____ Office Phone _____

Mailing Address _____ Fax Phone _____

City, State, Zip _____

Executive Director's Name _____ How Long in This Position _____

President of the Board _____ How Long in This Position _____

Number of Board Members _____ Date Organized _____

Do you subscribe to the Code of Ethics of the TNAMH? ____ Yes ____ No

By action of the Board of Directors, at a regularly called business meeting on (Date) _____ the above-named Organization authorized this application for membership in The National Association of Maternity Homes.

Attested to by: _____
Secretary or President of Board

The following must accompany this application:

1. Membership \$40.00. Make check payable to Hidden Choices
2. A list of Board Member's names, addresses and phone numbers.
3. A copy of the IRS letter confirming tax exemption for applying Organization.
4. A current balance sheet showing the financial condition of the Organization.
5. Names, addresses and phone numbers of three references (i.e. Pastor, Doctor, Counselor, Community Leader).
6. Completed Member Profile Questionnaire, including information for TNAMH Records Only.

For Office Use Only

This Organization has fulfilled all the requirements for membership.

Date: _____

Rivers Teske, President TNAMH