

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 \_\_\_\_\_

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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 The National  
Association of Maternity Homes.

Attested to by: \_\_\_\_\_  
Secretary or President of Board

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The following must accomplish this application:

1. Dues for one year. \$200.00 Regular or \$500 Charter Member. Make check payable to Hidden Choices. [Contact office if you wish to arrange a payment schedule.]
2. A list of Board Members' names, addresses and phone numbers.
3. A copy of the IRS letter confirming tax exemption for the 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.

Please forward this application with the accompanying documentation to: Hidden Choices,  
The National Association of Maternity Homes, P.O. Box 194, Green Farms, CT 06838.

For Office Use Only

This Organization has fulfilled all the requirements for membership.

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

\_\_\_\_\_  
Rivers Teske, President TNAMH