



## OUR MISSION

To support and strengthen  
pro-life pregnancy clinics  
through the sharing of ideas,  
information, and resources.

### INFORMATION FOR MEMBERSHIP:

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

Name of Organization: \_\_\_\_\_

Address of Organization:

\_\_\_\_\_  
(street)

\_\_\_\_\_  
(city) (state) (zip code)

Organization's Phone Number: \_\_\_\_\_

Name and email address of all staff members at your organization who would like to receive clinics meeting invitations, newsletters and information on upcoming trainings:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Does your clinic do sidewalk counseling? \_\_\_\_\_ yes \_\_\_\_\_ no

Is your clinic a licensed medical clinic? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you willing to share your good news and save stories with the Right to Life League? \_\_\_\_\_ yes \_\_\_\_\_ no

Please email your completed application to [admin@righttolifeleague.org](mailto:admin@righttolifeleague.org).