



## PRO-CHOICE STUDENT, RESIDENT OR FELLOW INDIVIDUAL MEMBERSHIP APPLICATION

*Your individual membership will help us continue to provide clinic defense and support programs, advocate for abortion providers and for abortion rights, and expand our work to organize and educate physicians and midlevel clinicians.*

YES, I would like to join the National Abortion Federation (NAF) as an individual member, and am currently enrolled as a college student, medical student, resident, or fellow.

I agree with NAF's mission to ensure abortion is safe, legal and accessible, which promotes health and justice for women.

I understand that annual dues for membership are \$25.00. Benefits include discounts to NAF conferences and publications, participation in NAF newsletters and listservs, and regular updates on key abortion issues.

*NAF bylaws require that professional clinicians who provide abortions apply for NAF membership in a provider category. For further information, please contact the membership department at [membership@prochoice.org](mailto:membership@prochoice.org)*

Name:		Pronouns:	
Mailing Address:			
Telephone:			
E-mail Address:		Date of Birth:	
Name of college or university:		Graduation Date:	
Name of residency/fellowship program <i>(if applicable)</i> :			
Please include three references that are known to us, preferably NAF members or known abortion facilities: <small>***If you do not have three references that are known to us, please reach out to <a href="mailto:membership@prochoice.org">membership@prochoice.org</a></small>			
Name	Affiliated Organization	Email Address:	
1.			
2.			
3.			
<input type="checkbox"/> Please do not use my name in any membership lists		<input type="checkbox"/> Please only mail to me in a plain envelope	
<input type="checkbox"/> I have enclosed my membership dues of \$25.00  <input type="checkbox"/> Check Enclosed (make payable to the National Abortion Federation)  <input type="checkbox"/> Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express  Credit Card #: _____ Expiration Date _____			

## APPLICATION AGREEMENT

By authorized signature below, the applicant affirms that all information contained in this application is true and accurate and that any further information provided to NAF in connection with this application will also be true and accurate.

The applicant understands that NAF may solicit information from others who may have relevant knowledge concerning the applicant's suitability for NAF membership.

The applicant agrees that all information NAF furnishes to the applicant during the application process is privileged and confidential and not available to the public. The applicant expressly waives all rights or claims against NAF or any other party arising from such communications. Should membership be granted, the applicant agrees to abide by the provisions of the NAF Confidentiality Agreement as stated below.

### NAF Confidentiality Agreement

NAF regularly distributes to Members a wide range of information ("NAF Information") related to our mission to enhance the quality and safety of abortion services.

1. Materials covered. NAF Information includes all information distributed by NAF to any or all of our Members, regardless of the form in which it is distributed, and regardless of whether the information is marked as being privileged, confidential, or otherwise subject to this Agreement. This Agreement does not apply to documents that NAF makes available to the public at large or that NAF intends for use by the general public.
2. Use of NAF Information. NAF Information is provided to Members to help enhance the quality and safety of abortion services provided by NAF Members and others. Members may not use NAF Information in any manner inconsistent with these purposes.
3. Disclosure of NAF materials to third parties. NAF Information is intended for the use of NAF Members only. Unauthorized dissemination, distribution, or transmission of NAF Information to persons or organizations that are not affiliated with NAF is strictly forbidden, unless prior written consent is obtained from NAF.
4. Requests for disclosure of NAF Information. Upon learning that NAF materials are or are likely to become the subject of a discovery request in a judicial, legislative, administrative, or other legal proceeding or investigation, Members must: (a) immediately notify NAF, (b) cooperate with NAF (if NAF so requests) in taking all lawful steps to resist or narrow the request or requirement, and (c) if disclosure is required or deemed advisable by NAF, cooperate with NAF in obtaining a protective order or other reliable assurance that the NAF information will receive confidential treatment.
5. Inadvertent disclosure of NAF Information. In the event that a member learns that it has inadvertently disclosed any NAF information to any unauthorized third party, the Member must immediately notify NAF and cooperate with NAF in retrieving the NAF Information or taking other reasonable steps to prevent further unauthorized disclosure.

The applicant understands and agrees to NAF's application procedures and agrees to pay dues in a timely manner as required. The applicant agrees to abide by the Articles of Incorporation, the Bylaws, NAF Clinical Policy Guidelines, where applicable, all pertinent NAF standards, and such rules and regulations as are duly adopted by the Board of Directors and/or the membership.

Name of Applicant: (please print): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### NATIONAL ABORTION FEDERATION

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