



www.indianaperinatal.org
866.338.0825



The mission of the Indiana Perinatal Network is to lead Indiana to improve the health of all mothers and babies.

We advocate change by:

- ❧ *Providing* professional and consumer education
- ❧ *Developing* and replicating model programs, and
- ❧ *Promoting* sound public policies

We are unique for our proven ability to bring together competing health systems, diverse disciplines, and public and private organizations to reach consensus on complex issues affecting the health of women, infants and children in our state.



MEMBERSHIP OPTIONS

INDIVIDUAL MEMBERSHIP

MEMBERSHIP TYPE & ANNUAL DUES:

- \$250: Contributing Member
- \$100: Physician Member
- \$60: Individual Member
- \$25: Consumer, Student, Community Outreach Member

BENEFITS INCLUDE:

- Monthly member-only E-bulletin
- Perinatal Perspectives newsletter
- Discounted registration at select events
- Recognition on website and annual report
- Sample mailing of all new resources
- Elect Board of Directors; vote on bylaws
- Educating legislators and thereby affecting public policy on the perinatal issues important to you

CORPORATE MEMBERSHIP

MEMBERSHIP TYPE & ANNUAL DUES:

- \$5,000: Education Partner**
Includes Corporate and Contributing Partner benefits plus:
 - Logo recognition in IPN conference materials (2-4 conferences annually)
 - Sponsor recognition with exhibit table and one free registration at each IPN event
 - Opportunity to participate on IPN conference/consensus committee
- \$2,500: Contributing Partner**
Includes Corporate Partner benefits plus:
 - Logo with link on IPN website homepage
 - Logo recognition in Perinatal Perspectives (3 issues delivered to 5,000 annually)

Corporate Partner (based on annual budget)

- \$500: annual budget >\$1,500,000
- \$250: annual budget \$500,000-\$1,500,000
- \$100: annual budget <\$500,000

Benefits include:

- One Individual Membership, designated upon joining (Unlimited reduced rate Individual Memberships can be added to a Corporate Membership*)
- Post up to two job openings at a time or link to company employment webpage on IPN website (Additional postings are \$50 per two-week run)

- *\$50: Additional Individual Member(s)**
Qty. _____

MEMBER PROFILE (please complete ALL requested information)

CONTACT INFORMATION

Name _____

Credentials (i.e. "R.N.") _____

Name on card _____

Job Title _____

Billing Address _____

Organization _____

City _____

State _____

Zip _____

Address (Business or Home) _____

Credit Card No. _____

Exp. _____

City _____

State _____

Zip _____

Signature _____

TOTALS

Individual Membership \$ _____

Corporate Membership \$ _____

*Add'l Individual Membership(s) with Corporate Membership \$ _____

Donation to IPN \$ _____

TOTAL \$ _____

E-mail Address (important: please provide to receive membership benefits) _____

Additional Individual Member(s) \$50 ea

Please include completed membership form for each additional individual member.

PAYMENT METHOD

- Check payable to IPN enclosed Mastercard Visa

**RETURN THIS FORM
WITH YOUR PAYMENT TO IPN**