



7918 Jones Branch Dr., Suite 300
McLean, VA 22102

RESOLVE Professional Membership

Visit <http://www.resolve.org> for information about the listed membership options

Professional Name & Credentials: _____

Business Name: _____

Business Address: _____

City, State and ZIP: _____

Phone: _____

Fax: _____

Website: _____

Email: _____

(for RESOLVE use only, not for publication)

RESOLVE Membership Fees – Individual Providers:

- | | | |
|---|---|------------|
| <input type="checkbox"/> RESOLVE Basic Individual Listing | \$175 x # _____ | = \$ _____ |
| <input type="checkbox"/> RESOLVE Premium Individual Listing | \$275 x # _____ | = \$ _____ |
| <input type="checkbox"/> | please accept my additional donation of _____ | = \$ _____ |

Total Amount: \$ _____

RESOLVE Membership Fees – Businesses:

- | | | |
|--|-----------------|------------|
| <input type="checkbox"/> RESOLVE Basic Business Listing | \$275 | = \$ _____ |
| <input type="checkbox"/> RESOLVE Premium Business Listing | \$1,000 | = \$ _____ |
| <input type="checkbox"/> RESOLVE Discounted Premium Individual Listing | \$150 x # _____ | = \$ _____ |

Only available with Premium Business Listing

- | | | |
|--------------------------|---|------------|
| <input type="checkbox"/> | please accept my additional donation of _____ | = \$ _____ |
|--------------------------|---|------------|

Total Amount: \$ _____

Professional Services Directory Listing Category (please check only one)

- | | | |
|---|---|--|
| <input type="checkbox"/> Adoption Agencies | <input type="checkbox"/> Complementary Treatment | <input type="checkbox"/> Third Party Reproduction |
| <input type="checkbox"/> Adoption & Family Building | <input type="checkbox"/> Mental Health | <input type="checkbox"/> *Genetics and Diagnostics |
| <input type="checkbox"/> Coaches & Consultants | <input type="checkbox"/> *Pharmacies | <input type="checkbox"/> Other |
| <input type="checkbox"/> Attorneys – Adoption & ART | <input type="checkbox"/> Physicians and Fertility Clinics | |

*Requires Business Listing

Method of Payment

- Check enclosed (payable to RESOLVE, Inc.)
- Charge my: American Express Discover MasterCard VISA

Card #: _____ Exp. Date: _____ Security Code: _____

Name on Card: _____ Authorized Signature: _____

CC Billing Address: _____

Return this form with payment to:

RESOLVE: The National Infertility Association via US mail at 7918 Jones Branch Dr, Suite 300,
McLean, VA 22102; via fax to 703.506.3266; or via email to chollister@resolve.org

RESOLVE is a non-profit 501(c)(3) organization - Federal Tax ID Number 23-7413696



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For multiple memberships, please submit a list of all professionals to be listed in the resolve.org Professional Services Directory and include the following information:

Professional Name & Credentials:

Business Name:

Business Street Address:

Business City, State and ZIP:

Business Phone:

Business Fax:

Website:

Email Address:

(for RESOLVE contact, not for publication)

List may be submitted via mail, fax or email (see reverse).

Premium Individual Listings and Premium Business Listings: Please email your photo/logo and description (max 150 words) to chollister@resolve.org.

Questions? Call Cindy Hollister 703.556.7177

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