



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*(for RESOLVE use only, not for publication)*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"/> Physicians and Fertility Clinics |
| <input type="checkbox"/> Adoption & Family Building | <input type="checkbox"/> Mental Health            | <input type="checkbox"/> Third Party Reproduction         |
| <input type="checkbox"/> Coaches & Consultants      | <input type="checkbox"/> Pharmacies               | <input type="checkbox"/> Genetic Counseling               |
| <input type="checkbox"/> Attorneys – Adoption & ART | <input type="checkbox"/> Fertility Acupuncturists | <input type="checkbox"/> Other                            |

### 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](mailto: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](mailto:chollister@resolve.org).

Questions? Call Cindy Hollister 703.556.7177

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