



Invoice #: 0000

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

RESOLVE Professional Membership

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

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(for RESOLVE use only, not for publication)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:

RESOLVE Basic Individual Listing \$175 x # _____ = \$ _____

RESOLVE Premium Individual Listing \$275 x # _____ = \$ _____

_____ please accept my additional donation of _____ = \$ _____

Total Amount: \$ _____

RESOLVE Membership Fees – Businesses:

RESOLVE Basic Business Listing \$275 = \$ _____

RESOLVE Premium Business Listing \$1,000 = \$ _____

RESOLVE Discounted Premium Individual Listing \$150 x # _____ = \$ _____

Only available with Premium Business Listing

_____ please accept my additional donation of _____ = \$ _____

Total Amount: \$ _____

Professional Services Directory Listing Category (please check only one)

Adoption Agencies Complementary Treatment Physicians and Fertility Clinics

Adoption & Family Building Mental Health Third Party Reproduction

Coaches & Consultants Pharmacies Genetic Counseling

Attorneys – Adoption & ART Fertility Acupuncturists Other

Method of Payment

Check enclosed (payable to RESOLVE, Inc.)

Make a secure online credit card payment at www.resolve.org/payment

If you prefer to pay by ACH or Wire:

Bank info: Wells Fargo,
NA 1753 Pinnacle Drive, McLean VA 22102

Account Information: RESOLVE, Inc.

ABA Routing # 051400549

Account #: 6276661516

SWIFT Code (for Int'l Wires): PNBPU33

RESOLVE: The National Infertility Association
7918 Jones Branch Dr, Suite 300, McLean, VA 22102

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(for RESOLVE contact, not for publication)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