



OUR MISSION

To support and strengthen pro-life pregnancy clinics through the sharing of ideas, information, and resources.

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INFORMATION FOR MEMBERSHIP:

Date: _____

Name of Organization: _____

Address of Organization:

(street)

(city) (state) (zip code)

Organization's Phone Number: _____

Name and email address of all staff members at your organization who would like to receive clinics meeting invitations, newsletters and information on upcoming trainings:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Does your clinic do sidewalk counseling? _____ yes _____ no

Is your clinic a licensed medical clinic? _____ yes _____ no

Are you willing to share your good news and save stories with the Right to Life League? _____ yes _____ no