

HEALTH ACCESS & PRIVACY ALLIANCE

www.hapaindiana.org

MEMBERSHIP FORM

Organization Information:

Name of Organization _____

Postal Address _____

Email Address/Website _____

Telephone Number _____

Fax Number _____

Representative Information:

➤ Primary Representative _____

Email Address _____

Phone/Cell Number _____

➤ *Alternative* Representative _____

Email Address _____

Phone/Cell Number _____

___ Enclosed is \$25.00 for the annual dues payment for membership in the Health Access & Privacy Alliance.

___ Enclosed is an additional contribution of \$_____.

Please make check payable to the: **“Health Access and Privacy Alliance”**

Please send this form and your membership check to the HAPA Treasurer at:

Health Access & Privacy Alliance
c/o HAPA Treasurer
P.O. Box 397
Indianapolis, IN 46206

American Civil Liberties Union of Indiana, Americans United for Separation of Church & State, Center for Inquiry, Congregation Beth-El Zedeck, Fort Wayne Women's Bureau, Indiana NOW Inc, Indianapolis Hebrew Congregation, Indiana Religious Coalition for Reproductive Choice, Jewish Community Relations Council, League of Women Voters – Indiana, League of Women Voters of Muncie – Delaware County, League of Women Voters of Greater Lafayette, National Association of Social Workers – Indiana, National Council of Jewish Women – Indianapolis, National Organization for Women – Indianapolis Chapter, Planned Parenthood Advocates of Indiana, Planned Parenthood of Indiana, Women's Med Center of Indianapolis