

API Professional Membership Form

To ensure that your membership is processed correctly, please provide us with the following information. If you should have any questions or concerns, please do not hesitate to e-mail memberships@attachmentparenting.org or to call (800) 850-8320. You can fax this form along to (800) 850-8320 or mail it to Attachment Parenting International, PO Box 4615, Alpharetta, GA 30023, USA.

Payee Name: _____

Payee Address: _____

City: _____ **State:** _____

Postal code: _____ **Country:** _____

Payee Phone number: _____

Payee Email address: _____

Professional Membership type:

- API Professional Associate Membership (\$75)
- API Professional Associate Membership w/ Outreach (\$175)
- API Professional Colleague or Organization Program (\$225)

How did you hear about us? (Please check only one)

- Web Search
- Local API Group; if so, name of group: _____
- Our Journal eNewsletter Brochure
- Newspaper, TV, or other media Conference
- La Leche League Mothering Magazine Friend
- Family Member Physician Other Professional
- Other _____

The below information will be listed in our online professionals' directory.

Professional or Organization Name (for listing on website): _____

Mailing Address: _____

City: _____ **State:** _____

Postal code: _____ **Country:** _____

Phone number: _____

Email address: _____

Website: _____

Area of Specialty (only applicable to Professional Colleague memberships):

Additional Comments for website (only applicable to Professional Colleague memberships); 1-3 sentences in length

Are you interested in any of the following:

- moderating Professional forum
- receiving API logo package (only available for Professional Colleagues)
- advertising in publications
- attending an upcoming event
- receiving 25 additional copies of the API journal each quarter, complementary (only available for Professional Colleagues)

Credit Card Type: Visa / Mastercard / American Express / Discover

Credit Card #: _____

Expiration Date: _____ **Security Code:** _____

Additional Comments:

Please print out this form, make check payable to Attachment Parenting International, and mail to Attachment Parenting International, P.O. Box 4615, Alpharetta, GA, 30023. *Thank you!*