



massachusetts alliance
on teen pregnancy

FY 2014 Membership Application

Contact Information:

Please identify one person from your agency who will be the contact for the Alliance

Name _____ Title _____

Organization _____ Department/Program _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Website _____

Please check each program or service offered by your agency and list the primary contact person.

Teen Pregnancy Prevention

Name _____ E-mail _____

Healthy Families Program

Name _____ E-mail _____

Teen Parent Child Care (TPCC)

Name _____ E-mail _____

Teen Living Programs (TLP)

Name _____ E-mail _____

Young Parents Program (YPP)

Name _____ E-mail _____

Young Parents Support Program (YPS)

Name _____ E-mail _____

Other _____

Name _____ E-mail _____

Other _____

Name _____ E-mail _____

Members get access to relevant and timely information each month through the *Alliance eNews*. Please list the names and e-mail address of any additional staff that would like to receive the monthly *eNews*.

Name _____ E-mail _____

Name _____ E-mail _____

Number of expectant and parenting teens you serve annually

Males _____ Transgender Females _____

Females _____ Transgender Males _____

Number of teens at risk of early parenthood that you serve annually

Males _____ Transgender Females _____

Females _____ Transgender Males _____



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Membership Costs:

| Organization Budget Size | Dues |
|---------------------------|---------|
| Less than \$100,000 | \$125 |
| \$100,000 - \$249,999 | \$250 |
| \$250,000 - \$499,999 | \$400 |
| \$500,000 - \$749,999 | \$625 |
| \$750,000 - \$999,999 | \$750 |
| \$1,000,000 - \$2,499,999 | \$950 |
| \$2,500,000 - \$4,999,999 | \$1,100 |
| \$5,000,000 + | \$1,450 |

Method of Payment:

Check or money order, payable to:
Massachusetts Alliance on Teen Pregnancy

Visa Mastercard

Card Number _____

Expiration Date _____

Name (As it Appears on Card) _____

Signature _____

Please Mail Dues to:
Massachusetts Alliance on Teen Pregnancy
Attn: Membership
105 Chauncy Street, 8th floor
Boston, MA 02111

For questions about payment, please contact Laurie Lessage
at 617.482.9122 x109 or lmessage@massteenpregnancy.org

Listing of FY 2013 Alliance Members

American Training
Barbara Cohen
Berkshire Children and Families
Beverly Hospital
Boston Children's Hospital
Brockton Public Schools
Cambridge Health Alliance
Cape Cod Child Development
The Care Center
Child and Family Services, Inc.
Child Care of the Berkshires
Children's Friend and Family Services
Children's Friend, Inc.
Citizens for Citizens
Community Day Care Center of Lawrence
Community Teamwork Inc.
Corporation for Public Management
Enable Inc.
Family Service Inc.
Family Service of Greater Boston
Framingham Public Schools
Girls Inc. of Lynn
Gladys Allen Brigham Community Center

HAP Housing
Health Imperatives
Just A Start Corporation
KeySteps Inc.
Malden Teen Parent Program
Montachusett Opportunity Council
Newton Community Service Center, Inc.
New Bedford Public Schools
Partners in Sex Education
Phoenix Charter Academy
Providence Prenatal Center
Quincy Teen Mothers Program
River Valley Counseling Center
ROCA Inc.
SER Jobs for Progress
Southcoast Hospitals Group / RAPPP
Supportive Care, Inc.
Training Resources of America
Worcester Community Action Council Inc.
Worcester Comprehensive Child Care Services
YWCA of Central Massachusetts
YWCA of Western Massachusetts