



## Notice of Intent to Affiliate Provisional Agreement

As a duly authorized representative of the Pregnancy Center listed below, the undersigned hereby affirms that the Pregnancy Center intends to affiliate with Care Net. In consideration for the anticipated benefits of Care Net affiliation, the Pregnancy Center agrees as follows:

1. The Center agrees from this date forward to fully comply with each and every standard set forth in Care Net's [Standards of Affiliation](#) for pregnancy centers, attached hereto and incorporated herein by reference.
2. The Center concurs with each and every requirement set forth in the **Commitment of Care and Competence** attached hereto and incorporated herein by reference. Center agrees from this date forward to fully comply with such principles in all its activities.
3. Under no circumstances may a pregnancy center use the words "Care Net" within its name, including incorporated names and DBA (Doing Business As) names.
4. The center will submit a formal affiliation application and agreement to Care Net after initial staff & volunteer training is complete (see Affiliation Application, p5).
5. The Center agrees to submit with this agreement a copy of its organization's Articles of Incorporation. Once approved, the Center will be invoiced for the provisional affiliation fee of \$225. Upon receipt of this fee, Care Net will make available to the center a select set of six copyrighted operational manuals in electronic format. If the pregnancy center at any time decides not to apply for full affiliation with Care Net, the \$225 provisional fee is non-refundable and the center may retain the electronic manuals. If the center is approved for full affiliation within two years of this agreement, the pro-rated affiliation fee for the first year will be waived. As a provisional affiliate, the center will also be eligible for a 15% discount on selected resources in the [CareSource online store](#).
6. It is understood that Care Net may determine at any time, in its sole discretion, to deny affiliation status to the Pregnancy Center and to revoke the benefits of provisional affiliation granted hereby.

\_\_\_\_\_  
Pregnancy Center Representative Name Title Date

\_\_\_\_\_  
Pregnancy Center Representative Signature

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Center: \_\_\_\_\_

PO Box: \_\_\_\_\_ Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

For Office Use Only:

\_\_\_\_\_  
Date Provisional Affiliation Received Date Provisional Affiliation Approved

\_\_\_\_\_  
Care Net National Representative Care Net Approval Signature

**Please submit to: Care Net, Center Services, 44180 Riverside Parkway, Suite 200, Lansdowne, VA 20176**