

# **CALIFORNIA ASSOCIATION OF MIDWIVES**

***FOUNDATION***

***MEMBERSHIP APPLICATION***

NAME

ADDRESS

CITY/STATE/ZIP

PHONE

COUNTY

EMAIL WEBSITE

I would like to receive infrequent periodic email updates from CAM-F about midwifery in California: Yes No

**MEMBERSHIP CATEGORIES**

MIDWIFE - $125 OR $100 PER YEAR

Designation: LM CPM CNM PA

**$125 -** 1 year membership, annual gross income over $30,000

**$100 -** 1 year membership, annual gross income less than $30,000

STUDENT MIDWIFE - $50 PER YEAR

HEALTHCARE PROFESSIONAL - $75 PER YEAR

Birth Professional (Doula, Childbirth Ed, Lactation Consultant)

FRIENDS OF MIDWIVES - $50 PER YEAR

DONATION - $1,000 $500 $250 $100 $50 $25 Other \_\_\_\_\_\_\_

May we list your name as a donor on our website? Yes No, thanks

If yes, how would you like your name listed on our donor page?

MAIL TO:

California Association of Midwives Foundation Attn: Jocelyn Dugan

P.O. Box 586 Coarsegold, CA 93614

Or join online at <http://californiamidwives.org/joinCAM>