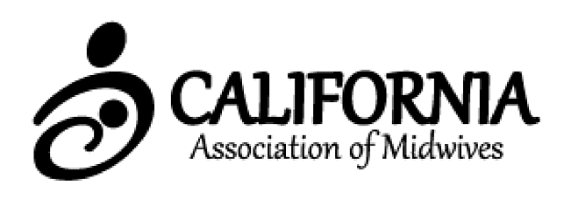
**MEMBERSHIP APPLICATION**

*California Association of Midwives Foundation (CAM)*

***&***

*California Association of Licensed Midwives* (CALM)

NAME

ADDRESS

CITY/STATE/ZIP

PHONE

COUNTY

EMAIL WEBSITE

Midwifery is important! Please send me infrequent periodic email updates about midwifery in California: Yes No

**MEMBERSHIP CATEGORIES**

\*\*Beginning 2016 all memberships will renew annually on July 1st\*\*

CALM Midwife Membership - $200 PER YEAR

Designation: LM CPM & LM

CNM PA MD ND

License number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAM Associate $50

CAM Associate with business listing $75

CAM DONOR $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?