



**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?

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>