

MANA MEMBERSHIP *FORM*

First Name _____ Last Name _____
 Credential(s) you want on your web listing: _____ Membership number and expiration date _____ (from mailing label)
 Address _____ City _____
 State/Province _____ Country _____ Postal Code _____
 Home Phone (_____) _____ Office Phone (_____) _____
 Fax (_____) _____ E-mail _____
 Web page URL: _____

I am a CPM CNM/CM Direct-Entry Midwife Student/Apprentice Other: _____
 As a midwife, I am licensed Yes No, or I am certified Yes No, by the following state or province: _____
 I would like to be entered in the Midwives of Color Section (in addition to my geographic region).
 I am interested in a payment plan or a reduced fee membership, explanation enclosed.
 I am interested in volunteering for the following committee work, _____ ; please send information
 My name and address may be released for: Research Conferences Products

Choose and Check type of membership (all fees in U.S. funds):

Midwife/Voting Memberships	1 Yr	2 Yrs	3 Yrs
<input type="checkbox"/> Midwife (family income over \$50,000), voting.....	\$185.....	\$335.....	\$490
<input type="checkbox"/> Midwife (family income \$20-50,000), voting	\$135.....	\$245.....	\$350
<input type="checkbox"/> Midwife (family income under \$20,000), voting.....	\$95.....	\$195.....	\$285

Midwife/Voting memberships now include being listed on our on-line referral list for no additional fee if you check the box below. Please double check your information above, as that is what will be listed on the website.

Check here to be listed at <www.mothersnaturally.org/midwives/findAMidwife.php>
 if you do not check this box, your name and information will not be listed on the Mothers Naturally website.

Student/Affiliate non-voting Memberships (no multi-year option)

Student/Apprentice, non-voting..... \$55
 Affiliate, non-voting..... \$55
 Group¹, non-voting..... contact below for fee

Total amount enclosed _____ in U.S. funds

¹Request group requirements from MANA Membership Chair. Group renewing must submit updated information

Make check or money order payable to MANA in U.S. funds or

fill out your VISA/MC# _____ exp. date _____
 verification code: _____ signature _____ and send with this form to:

MANA Membership Chair ♦ Nina McIndoe
 PO Box 14082 ♦ Columbus OH 43214 [note new address]
 Please include any remarks that may help us serve you better.

