

# MANA MEMBERSHIP *FORM*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Credential(s) you want on your web listing: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (listed on Mothers Naturally referral list if applicable)(\_\_\_\_\_) \_\_\_\_\_  
 E-mail \_\_\_\_\_ Web page URL: \_\_\_\_\_  
 Facebook Fan page: \_\_\_\_\_ Twitter name: \_\_\_\_\_  
 Pinterest 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: \_\_\_\_\_  
 Enter me in these Sections of MANA (in addition to my geographic region):  ICM  Students  
 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  
 I would like you to mail me a MANA membership card  Yes  No  
 I would like to receive emails from MANA regarding issues relating to MANA, MANA events, and midwifery:  Yes  No  
 I am a self-identified Person of Color (optional)  I am a self-identified LGBTIQQ (optional)

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

### Voting Memberships<sup>1</sup>

- Midwife Lifetime, one time payment .....\$3,000<sup>2</sup>
- Midwife, Practicing, 1 year ..... \$150
- Midwife, Retired or non-income earning, 1 year ..... \$95

### Non-voting Memberships

- Lifetime Supporter, one time payment ..... \$3,000
- Student/Apprentice, 1 year ..... \$55
- Supporter (Affiliate), 1 year ..... \$75
- Group<sup>3</sup>, non-voting, 1 year ..... \$200

Total amount enclosed \_\_\_\_\_ in U.S. funds

Midwife/Voting or group 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. ***You MUST check the box below to be listed on the referral website.***

**Yes, my name may be released for persons seeking midwives on the Mothers Naturally (MN) website at < [www.mothersnaturally.org/midwives/findAMidwife.php](http://www.mothersnaturally.org/midwives/findAMidwife.php) > . The policy for being listed on the MN website is at < [www.mana.org/referral-list](http://www.mana.org/referral-list) > .**

<sup>1</sup> To be a voting member of MANA you are required to be a credentialed midwife, either through NARM, AMCB, or your state credentialing agency. Please enter your credentials above.

<sup>2</sup> Make 6 payments of \$500 each over the next 6 months or pay all \$3,000 in one payment for a Lifetime membership.

<sup>3</sup> If you represent an educational program, midwifery school, midwifery supportive program, a state or local organization, or similar group, you may join as a "Group." Group membership includes the option of your listing showing in our Mothers Naturally referral web page (check the box above if you wish to be listed).

## Make check or money order payable to MANA in U.S. funds or fill out the following Credit Card info

Card# \_\_\_\_\_ Exp. date \_\_\_\_\_ Card type:  VISA  MC  AmEx  Disc  
 Name on Credit Card: \_\_\_\_\_ Postal Code related to Credit Card: \_\_\_\_\_  
 Verification code: \_\_\_\_\_ Signature \_\_\_\_\_ and send with this form to:

MANA • PO Box 373 • Montvale, NJ 07645

Please include any remarks that may help us serve you better.

