



# 2009 Membership Form



Please check the boxes that apply to this membership and answer all questions –

- Professional Membership:** (one person = one membership)
- |                                |                                |   |
|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> LM    | <input type="checkbox"/> CNM   | <input type="checkbox"/> Under 16 births per year - <b>\$170.00</b> |
| <input type="checkbox"/> ND/LM | <input type="checkbox"/> _____ | <input type="checkbox"/> 16 – 36 births per year - <b>\$220.00</b>  |
|                                |                                | <input type="checkbox"/> 37– 59 births per year - <b>\$270.00</b>   |
|                                |                                | <input type="checkbox"/> Over 59 births per year - <b>\$320.00</b>  |

Date of last Peer Review: \_\_\_\_\_

Are you a CPM? YES NO ----- If "Yes", are you a member of NACPM? YES NO  
 Are you part of the MANA Stats Project? YES NO

Associate Membership for a business/professional (includes directory listing):  
 type of business \_\_\_\_\_ \$ 100.00  
 Associate Membership individual (no directory listing):  
 Student  Consumer or Other \$ 35.00

TOTAL ENCLOSED: \$ \_\_\_\_\_

Your Name and Credentials (as they should appear): \_\_\_\_\_

Practice Name and Address (as they should appear): \_\_\_\_\_

Phone Numbers (home # will not be published): Home \_\_\_\_\_ Office \_\_\_\_\_ Fax \_\_\_\_\_

Personal e-mail address (for MAWS communication, only): \_\_\_\_\_

Business e-mail address (for listing on the MAWS website): \_\_\_\_\_

Business Web Site address (for listing on the MAWS Website): \_\_\_\_\_

Type of membership: New \_\_\_\_\_ Renewal \_\_\_\_\_

For renewing members:

- Have you participated in an Incident Review process as a reviewer in the last year? Yes/No
- How many times? \_\_\_\_\_
- If no, will you be willing to participate in the coming year? Yes/No

For all members:

What area(s) of MAWS are you interested in participating in? Fundraising\_\_\_\_ Newsletter\_\_\_\_ Document Writing\_\_\_\_  
 Research\_\_\_\_ Membership\_\_\_\_ Website\_\_\_\_ QMP\_\_\_\_ Board of Directors\_\_\_\_ Legislative Advocacy\_\_\_\_ Regional  
 Representation\_\_\_\_ Public Speaking\_\_\_\_ Conference Planning\_\_\_\_ Other\_\_\_\_

I wish to receive MAWS News:  Via email (periodic eBulletins , as well as important breaking news and updates)  
 Via postal mail (once per year)  Not at all

Please list my practice on the MAWS Web Site Directory (the following relates to the same) -

Professionals – Please indicate the services you provide that should appear on the MAWS Web Site:

"Complete midwifery care with birth at...":  Home  Birth Center  Hospital  
 "Birth Center birth provided via":  Privileges  Owns/Operates Facility  
 "Also provides..." :  Family Planning  Women's Health Care  \_\_\_\_\_

Associates – Please indicate the services you provide that should appear on the MAWS Web Site:

Doula (Certified through \_\_\_\_\_)  Childbirth Education  Hypnobirthing Instruction  
 Breastfeeding/Lactation Consultant  Other: \_\_\_\_\_

Please indicate the region in which you practice:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Seattle Metro Area | <input type="checkbox"/> King County Eastside | <input type="checkbox"/> South & West Sound | <input type="checkbox"/> Central & Eastern WA       |
| <input type="checkbox"/> Olympic Peninsula  | <input type="checkbox"/> Northwestern WA      | <input type="checkbox"/> Southwestern WA    | <input type="checkbox"/> Consultants & Out of State |

Please make your check payable to **Midwives Association of Washington State**  
 and mail it to the address at the bottom of this form. And **THANK YOU** for your support!!

PMB 2246-10002 Aurora Ave N #36-Seattle, Wa. 98133  
[www.washingtonmidwives.org](http://www.washingtonmidwives.org) 1-800-4-A-BIRTH