



**YES, Count me in! I want to be part of Citizens for Midwifery and promote the Midwives Model of Care!**

Print and use this form for new memberships, renewals and donations.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

For renewals: Membership Number (7 digit number from mailing label): \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Office Phone (\_\_\_\_\_) \_\_\_\_\_

e-mail \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

I originally learned about CfM from: \_\_\_\_\_

I am a (check all that apply):  concerned citizen,  parent,  childbirth educator,  doula,  midwifery student,  midwife (CPM, CNM, LM, other)  other. \_\_\_\_\_

CfM may occasionally make its list of members available to other reputable midwifery-related organizations. \_\_\_ I do **not** want my name released.

Annual Membership Rates

Student \$20  Suggested \$30\*  Supporter \$50\*  Best Friend \$100\*  Guardian Angel \$500\*  For overseas addresses, add \$10\*  Additional donation \$ \_\_\_\_\_\*

\* Your contribution is tax deductible except for your newsletter subscription valued at \$20 annually.

Total amount enclosed: \_\_\_\_\_

Please send this completed form with check or money order to:

**Citizens for Midwifery**  
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Athens GA 30608-2227  
Phone: 1-888-CfM-4880  
Email: info@cfmidwifery.org