

BORDER AREA MIDWIVES APPLICATION

NAME: _____

MAILING ADDRESS: _____

DATE OF BIRTH: _____

PREFERRED PRONOUN: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PHONE NUMBER: _____

OCCUPATION: _____

MEMBERSHIP FOR NON -VOTING STUDENT:	FREE
MEMBERSHIP FOR VOTING STUDENT:	\$20.00
MEMBERSHIP FOR A MIDWIFE:	\$50.00
MEMBERSHIP FOR NON- VOTING OTHERS/SUPPORTERS	\$30.00
MEMBERSHIP FOR VOTING OTHERS:	\$50.00

Committees I would be interested participating in:

- | | |
|---|---|
| <input type="checkbox"/> EDUCATION COMMITTEE | <input type="checkbox"/> MEMBERSHIP COMMITTEE |
| <input type="checkbox"/> CONTINUING EDUCATION | <input type="checkbox"/> PEER REVIEW COMMITTEE |
| <input type="checkbox"/> POLITICAL ISSUE | <input type="checkbox"/> SPECIAL EVENTS COMMITTEE |

Other ways I would like to help: _____

Checks, money orders, or cash may be made out to Border Area Midwives and sent to:

*Border Area Midwives-Treasurer
Sabrina Paulos Attn: Membership
1807 Wendale Ave.
Las Cruces, New Mexico 88001*

We also offer *Paypal Friends/Family* at borderareamidwives@gmail.com

Please email us at Borderareamidwives@gmail.com, or follow us at www.borderareamidwives.com and our closed facebook page Border Area Midwives for updates, events, and activities.