

# National Association of Certified Professional Midwives



## MEMBERSHIP FORM

I WANT TO JOIN/ RENEW!

NAME \_\_\_\_\_ COMPANY NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE/PROV \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ SECOND PHONE \_\_\_\_\_  
TITLE/CREDENTIAL(S) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

(When we use e-mail to communicate with you it lowers the overhead for the organization and protects our funds for other work.)

### DUES

New Member     Membership Renewal     Returning Former Member     Student Member

\$ \_\_\_\_\_ \$125 Annual NACPM Membership (3 yr option: \$335)

\$ \_\_\_\_\_ \$85 If you are a member of another state/national midwifery group (3 yr option: \$230)

Please circle all that apply: MANA ACNM CfM ICTC State Organization \_\_\_\_\_

\$ \_\_\_\_\_ \$75 Family income less than \$35,000 (3 yr option: \$200)

\$ \_\_\_\_\_ \$50 Chapter member

\$ \_\_\_\_\_ \$25 Student member

\$ \_\_\_\_\_ Additional gift to NACPM-Any amount would be greatly appreciated!

\$ \_\_\_\_\_ TOTAL AMOUNT ENCLOSED

We encourage you to join at the \$125.00 level to support the work of NACPM to advance opportunities for CPMs. We thank you for your support!

### DEMOGRAPHIC INFORMATION (practicing midwives)

Age: \_\_\_\_ 20-29 \_\_\_\_ 30-39 \_\_\_\_ 40-49 \_\_\_\_ 50-59 \_\_\_\_ 60-69 \_\_\_\_ 70-79 \_\_\_\_ >80

How many years have you actively practiced midwifery? \_\_\_\_\_ (Optional) Please describe your race \_\_\_\_\_

Type of practice. (P=primary; S=Secondary) \_\_\_\_ Home \_\_\_\_ Birth Center \_\_\_\_ Hospital

(P=primary; S=Secondary) \_\_\_\_ Rural (pop < 5,000) \_\_\_\_ Urban/Suburban

Solo practitioner/proprietor     Partnership     Group Practice (# of Midwives? \_\_\_\_\_)

employee of a government, private non-profit or for-profit organization?

Are you training apprentices?     Yes     No    If yes, how many? \_\_\_\_\_

In which states are you licensed/registered/documented to practice midwifery? Please list all states in which you hold a license to practice and your title in that State.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Do you sit on your state's regulatory board?     Yes     No

What was your educational route to midwifery knowledge and skills? (P=Primary S=Secondary)

Apprenticeship     Self Study

MEAC-Accredited School (name of school) \_\_\_\_\_

Other Midwifery School or Program (name of school or program) \_\_\_\_\_

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**DEMOGRAPHIC INFORMATION (student midwives)**

Are you a student member of? (Circle all that apply) MANA ACNM CfM ICTC State midwifery organization

Age: \_\_\_\_ 18-29 \_\_\_\_ 30-39 \_\_\_\_ 40-49 \_\_\_\_ 50-59 \_\_\_\_ >60

(Optional) Please describe your race. \_\_\_\_\_

How long have you been studying midwifery? \_\_\_\_\_

When do you anticipate completing your studies? \_\_\_\_\_

Are you enrolled in a MEAC-accredited program?  Yes  No If yes, which one? \_\_\_\_\_

Are you apprenticing with a CPM ?  Yes  No

Will you become licensed/certified in your state ?  Yes  No

What credential(s) are you seeking? \_\_\_\_\_

What are your concerns as a student? \_\_\_\_\_

Are there areas of importance to you as a student that you would like to see NACPM work on?

WE LOOK FORWARD TO HEARING FROM YOU AND WE APPRECIATE YOUR SUPPORT!

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

Date \_\_\_\_\_

Please mail this form with your check or money order made out to NACPM to:

Susan Smartt  
904 Valley Court  
Edmond, OK 73012