

**North Carolina Friends of Midwives
MEMBERSHIP FORM**

Date _____ / _____ / _____

First Name _____ Last Name _____

Address _____ City _____

State _____ Zip _____ County in NC _____

Home Phone () _____ Email _____

Website _____

NC House District _____ NC Senate District _____

You'll find this info at <http://www.ncga.state.nc.us/GIS/RandR07/Representation.html#byDistrict>

Already a member of the NCFOM Yahoo group? What is your Yahoo Id? _____

I prefer correspondence via Email/Internet Postal Service Telephone

I am a (check all that apply):

- Concerned Citizen Homebirth Advocate Midwife CNM CPM RN MD Apprentice
- Student Midwife Doula Childbirth Educator OB/GYN Medical Dr. Other Health Care
- Professional _____

I am interested in volunteering in the following ways: Newsletter Legislation Public Relations Fun Events Database Membership Department Moderate Yahoo Group

Membership Levels:

- \$15.00 *Student (1 vote) Non-voting – no voting This is a NEW Membership
\$25.00 Individual (1 vote) opportunity
\$40.00 Family (2 votes) Additional Donation \$ _____

* must be a full-time student and provide a copy of your student ID.

Total amount enclosed \$ _____ Check # _____ Date _____ / _____ / _____

Makes Checks Payable To: NCFOM - Mail to: 5990 Beaman Old Creek Road – Walstonburg, NC 27888

Retain lower portion for your records

If you know someone who is interested in joining NCFOM, you may copy this application form, download a copy of this form at our website or have her or him call Victoria at (252) 747-7785.

For your records: Total amount mailed \$ _____ Check # _____ Date _____ / _____ / _____

Please visit our website, www.ncfom.org for more information. You will receive an invitation to join our Yahoo Group at <http://health.groups.yahoo.com/group/NCFOM/>