

Long Island Midwives Inc. Membership Form

Name (and title) _____

Address: _____

Home Phone: _____

Business Address: _____

Business Phone: _____

Fax: _____

Beeper: _____ Cell Phone: _____

Email: _____

Website: _____

Do you want your minutes/correspondence emailed to you?

Yes ___ No ___ N/A ___

Student information

School you attend _____ Grad. Date _____

Fees: (Circle one)

Active Member: \$60.00/year

Student or Retired: \$24.00/year

Lifetime membership: \$900.00

Friends of Chapter: (suggested donation) \$35.00/year

Check made out to: **Long Island Midwives Inc.**

Please **send this completed form and check to:**

Long Island Midwives, Inc.

PO Box 363

Patchogue, NY 11772

Thank you in advance for your participation.

Acting Membership Chair & Treasurer