

# 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 (not including discount)

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

Check or Money Order should be 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.

Sincerely, Susan Altman, CNM, DNP (Acting Membership Chair) &  
Heather Findletar Hines, CNM, DNP (Treasurer)