

WISCONSIN GUILD OF MIDWIVES

MEMBERSHIP APPLICATION

First Name: _____ Last Name: _____

Certification/Licensure (check all that apply)

- Certified Professional Midwife Licensed Midwife (list state if other than WI _____)
- Certified Nurse Midwife Temporary Permit Holder
- Other _____

Personal Information

Address _____ City _____

State _____ Zip _____ Business name _____

Email Address _____

Phone numbers for communication with Guild members:

Home _____

Cell _____

Office _____

Do you wish to be added to the Guild Yahoo email group? Yes No

Membership dues in the Guild are assessed yearly, from January 1 to December 31st. Dues are set on a sliding scale of \$35-\$100 per year. Members may choose an amount in that range that they can afford. If you join other than in January, the amount is prorated, as follows:

If you join in	The dues range is
Feb	32.10 - 91.70
Mar	29.20 - 83.40
April	26.30 - 75.10
May	23.40 - 66.80
June	20.50 - 58.50
July	17.60 - 50.20
Aug	14.70 - 41.90
Sept	11.80 - 33.60
Oct	8.90 - 25.30
Nov	6.00 - 17.00
Dec	3.10 - 8.70

No matter when a membership began, all members renew in January. Any member whose dues are not paid by February 1st is delinquent. Any member whose dues are unpaid by March 1st shall forfeit their membership.

Please make check payable to the Wisconsin Guild of Midwives and mail it, along with this completed form, to:

Savita Jones, Treasurer
61440 Argo Rd.
Mason, WI 54856

Questions? Contact Savita at savitamidwife@yahoo.com or at 715-413-0197

Treasurer use only:			
date	Ck #	Voting	Yahoo group
amt	mbrshp good thru	Non-voting	Mmbrshp list