



Membership Application

PLEASE RETURN THIS FORM WITH YOUR PAYMENT.

A dues payment to ACNM is not tax deductible as a charitable contribution but may be deductible as a business expense with an exclusion of 5.2% due to restrictions imposed as a result of ACNM lobbying activities. Contact your affiliate for the percentage of affiliate dues not deductible because of lobbying. Should you choose to make a gift to the A.C.N.M. Foundation that portion of your payment is deductible as a charitable contribution. Over payments and duplicate payments will be credited as pre-payment toward the following year.

Please check here if you want information sent to you for planned giving to the Foundation.

First Name
Last Name
Certificate Number
Name of Education Program (Students)
Who introduced you to ACNM?

HOME ADDRESS Check One: Use for mail Use for directory

Address
City, State, Zip
Country
Telephone
E-mail

PRACTICE ADDRESS Check One: Use for mail Use for directory

Address
City, State, Zip
Main Telephone
Fax
E-mail
Practice Web URL

Membership Category

Amount

Please Check One:

- Active \$350.00
Active— First Year \$210.00
Active— Life \$5,250.00
Active— Supporting \$187.50
Student \$135.00
Associate \$135.00

State Affiliate Dues \$

ACNM Membership requires membership in the appropriate state affiliate. Find your state affiliate dues at http://www.midwife.org/sa_affiliate_map.cfm.

Additional Optional Items

Please Check All That Apply

- Donation to the A.C.N.M. Foundation \$
Donation to the Midwives PAC \$
Obstetrics & Gynecology Journal (12 issues)
US Addresses \$90.00
International Addresses \$155.00

TOTAL \$

PAYMENT INFORMATION Please Complete

Payment by: Check (check #) payable to ACNM
Money Order
Credit Card: VISA MasterCard

Credit Card Account Number Exp. Date (mm/yy)

Name on Card

Signature

Bill My Card: One Time (full amount)
Monthly (member dues broken up into 12 payments—add \$15 fee)

TOTAL AMOUNT Enclosed/To Be Charged \$