

AFFILIATE OF THE ACNM

# ACNM Lifetime Membership Application

**Mail Payment To:** P.O. Box 759147, Baltimore, MD 21275-001  
**Member Services:** 240.485.1813  
**Fax:** 240.485.1818  
**E-mail:** membership@acnm.org

FIRST NAME

LAST NAME

DATE OF BIRTH *(required)*

AMCB CERTIFICATE #

## HOME ADDRESS

STREET ADDRESS

CITY, STATE, ZIP

COUNTRY

PHONE

EMAIL

## PRACTICE ADDRESS

PRACTICE NAME

STREET ADDRESS

CITY, STATE, ZIP

PHONE

FAX

EMAIL

PRACTICE WEB URL

**Preferred Mailing Address:**  Home  Practice  
**Preferred Directory Address:**  Home  Practice

## A. MEMBERSHIP ANNUAL DUES

- Active Life** \$5,475  
 **Active Life (65+)** \$2,738

## B. STATE AFFILIATE DUES *(required)*

Find your State Affiliate dues at [www.midwife.org/ACNM-Affiliate-Map](http://www.midwife.org/ACNM-Affiliate-Map). \$ \_\_\_\_\_

## C. QUARTERLY PAYMENT OPTION

- Quarterly Payment Option**  
 One-time \$25 Administrative fee and 1<sup>st</sup> quarterly payments (Annual dues split into four equal payments). \$ \_\_\_\_\_

## D. DONATIONS

- Tax-deductible donation to the ACNM Foundation, Inc.** \$ \_\_\_\_\_  
 **Donation to the Midwives-PAC** \$ \_\_\_\_\_

## GRAND TOTAL

**TOTAL** *(not tax-deductible)* \$ \_\_\_\_\_  
 Please check here if you want information sent to you about planned giving to the ACNM Foundation, Inc.

## PAYMENT

- Check** *(Make payable to ACNM)*  
 **Money Order** *(Make payable to ACNM)*  
**CREDIT CARDS:**  Visa  MC  AX  Discover

NAME ON CARD CVV

CC ACCOUNT # EXP. DATE

SIGNATURE

## BILLING ADDRESS

- Same as Home**  **Same as Practice**  **Other**

STREET ADDRESS

CITY, STATE, ZIP

\*National dues payments are not tax deductible as a charitable contribution but may be deductible as a business expense, less 10% for lobbying activities. Contact your Affiliate for the percentage of affiliate dues not deductible because of lobbying. Donations to the ACNM Foundation, Inc. are tax deductible. Please consult your tax advisor.