

ACNM Membership Application

Thank you for your membership in ACNM! Start enjoying your ACNM member benefits including ACNM's peer-reviewed *Journal of Midwifery & Women's Health*; policy, advocacy and practice updates; *Quickening* online news site also available in print; *Midwifery Now* bi-weekly ACNM e-newsletter; and ACNM Connect members-only online community. Your ACNM membership entitles you to reduced registration rates at our meetings and enables you to apply to awards available only to ACNM members. We look forward to supporting your professional needs.

ABOUT YOU

FIRST NAME

LAST NAME DESIGNATIONS (e.g., CNM, PHD)

CNM/CM CERTIFICATION # CERTIFICATION DATE NOT CNM/CM CERTIFIED

NAME OF EDUCATION PROGRAM (students)

I identify as a midwife or student midwife of color. Checking this box will include you in an **ACNM Connect** community with midwives and student midwives having similar interests, and enable ACNM to communicate with you regarding unique opportunities.

PRIMARY ADDRESS

STREET ADDRESS

CITY STATE ZIP COUNTRY

PHONE (required) Cell Home Business EMAIL (required-to access member benefits)

BUSINESS ADDRESS

ORGANIZATION NAME

STREET ADDRESS

CITY STATE ZIP COUNTRY

BUSINESS PHONE EMAIL

WEBSITE (url)

Please check here if you want information sent to you about planned giving to the **A.C.N.M. Foundation, Inc.**

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 **A.C.N.M. Foundation, Inc.** are tax deductible. Please consult your tax advisor.

MEMBERSHIP CATEGORY

<input type="checkbox"/> Active Full voting membership open to any CNM or CM	\$365
<input type="checkbox"/> Active-New Midwife Full voting membership open to CNMs or CMs certified less than 2 years	\$214
<input type="checkbox"/> Active-Advancing Full voting membership for CNM/CMs certified from 2 to less than 4 years	\$288
<input type="checkbox"/> Active-Life Full voting lifelong membership for any CNM/CM	\$5475
<input type="checkbox"/> Active Life (65+) Full voting lifelong membership for any CNM/CM 65 or older	\$2738
<input type="checkbox"/> Active-Supporting Full voting membership for CNM/CM: retired/disabled/missionary/FT volunteer/unemployed	\$196
<input type="checkbox"/> Student Not CNM/CM certified enrolled in ACME-accredited midwifery education program	\$70
<input type="checkbox"/> Associate Friend of midwifery, not CNM/CM/Student	\$141
<input type="checkbox"/> Annual Service Fee For monthly dues payments by credit card	\$25

STATE AFFILIATE DUES (required)

Find your State Affiliate dues at midwife.org/ACNM-Affiliate-Map
 Note the options for Uniformed Services and Indian Health Service on affiliate map.

\$

ADDITION OPTIONS

<input type="checkbox"/> Quickening (2 print issues/year - the best of <i>Quickening</i> online)	\$30
<input type="checkbox"/> Obstetrics & Gynecology Journal (Green Journal) 12 issues	
<input type="checkbox"/> US address Savings of \$487!	\$105
<input type="checkbox"/> International address Savings of \$649!	\$170
<input type="checkbox"/> Tax-deductible donation to the A.C.N.M. Foundation, Inc.	\$
<input type="checkbox"/> Donation to the Midwives-PAC (not tax deductible)	\$
<input type="checkbox"/> Donation to Midwives of Color Initiative Fund (not tax deductible)	\$

TOTAL

\$

PAYMENT

Check (Make payable to ACNM) Money Order (Make payable to ACNM)

Credit Card: MC VISA AX DISCOVER

NAME

CC # EXPIRATION CVV

SIGNATURE

Billing Address: Primary Business Other (below)

STREET ADDRESS

CITY STATE ZIP COUNTRY

MAIL PAYMENT TO:

ACNM. PO BOX 719147 PHILADELPHIA, PA 19171-9147

QUESTIONS:

membership@acnm.org or 240.485.1813

DEMOGRAPHIC INFORMATION

We collect this important information to assess membership characteristics, to identify member expertise and engagement interests, and to help evaluate progress on ACNM's core commitment to diversity and inclusion.

What Languages Are You Fluent in Other than English?

List Your Education/Degrees:

With What Gender Do You Identify (check one)?

- Female
 Male
 Transgender Woman
 Transgender Man
 Non-Binary
 Other (Specify _____)
 I Prefer Not to Respond

How Do You Primarily Identify in Terms of Race (check one)?

- African American
 Alaska Native
 Asian
 Black
 Indian/Pakistani
 Multiracial (Specify _____)
 Native American/Indigenous
 Native Hawaiian
 Other Pacific Islander
 Other Race (Specify _____)
 White
 I Prefer Not to Respond

Check the Box that Best Applies to Your Ethnicity.

- Hispanic
 Latinx
 Not Hispanic or Latinx
 Other (Specify _____)
 I Prefer Not to Respond

Which Category Best Describes Your Employment Status (check one)?

- Full-Time (35 or more hours)
 Part-Time (34 or less hours)
 Retired
 Not employed (Not retired)
 Full-Time Volunteer
 I Prefer Not to Respond

Which Category Best Indicates Your Current Annual Salary (check one)?

- | | |
|--|--|
| <input type="checkbox"/> \$160,000 or more | <input type="checkbox"/> \$80,000 - \$89,000 |
| <input type="checkbox"/> \$150,000 - \$159,000 | <input type="checkbox"/> \$70,000 - \$79,000 |
| <input type="checkbox"/> \$140,000 - \$149,000 | <input type="checkbox"/> \$60,000 - \$69,000 |
| <input type="checkbox"/> \$130,000 - \$139,000 | <input type="checkbox"/> \$50,000 - \$59,000 |
| <input type="checkbox"/> \$120,000 - \$129,000 | <input type="checkbox"/> \$40,000 - \$49,000 |
| <input type="checkbox"/> \$110,000 - \$119,000 | <input type="checkbox"/> \$30,000 - \$39,000 |
| <input type="checkbox"/> \$100,000 - \$109,000 | <input type="checkbox"/> \$29,000 or less |
| <input type="checkbox"/> \$90,000 - \$99,000 | <input type="checkbox"/> I Prefer Not to Respond |

Is Your Income Primarily (check one)?

- CNM/CM related
 Nursing related, but not CNM/CM related
 Other healthcare related
 Non-healthcare related
 I Prefer Not to Respond

Indicate Your Areas of Expertise (check all that apply)?

- Abortion Care
 Administration (Practice Director, Health Care Administration)
 Advocacy & Govt Affairs
 Billing & Coding
 Circumcision/Dorsal Penile Nerve Block
 Colposcopy
 Endometrial Biopsy/Curettage
 Education – Interprofessional
 Education – Medical Students/Residents
 Education – Midwifery
 Education – Nurses
 Education - Precepting
 Family Nurse Practitioner (FNP)
 First Assisting for Cesarean Birth
 First Assisting for Surgery – Gynecologic & Other
 Global Health (Specify countries _____)
 Immunization – Maternal
 Immunization - Newborn
 International Board Certified Lactation Consultant (IBCLC)
 Laborist Role
 Lamaze Certified Childbirth Educator (LCCE)
 Leadership
 Loop Electrosurgical Excision Procedure
 Low Forcep Extraction
 Manual Vacuum Aspiration
 Nitrous Oxide
 Nurse Practitioner (NP)
 Other Area of Expertise (Specify _____)
 Other Expanded Practice (Specify _____)
 Pessary Insertion/Removal
 Physician Assistant (PA)
 Productivity/RVUs
 Professional liability
 Public Health
 Public Speaking
 Racism (Institutional, Health Disparities, Implicit Bias)
 Repair of 3rd & 4th Degree Lacerations
 Research: Midwifery
 Research: Non-Midwifery
 Transgender Health Care
 Triage Role
 Ultrasound
 Urinary Incontinence Biofeedback/Urology
 Vacuum Assisted Vaginal Birth
 Women's Health Nurse Practitioner (WHNP)