

# Support IMA



**Midwife Member**

I am a midwife and wish to join IMA. Enclosed please find one year (\$30) membership dues, which includes a one year subscription to the quarterly newsletter: *The Midwives Connection*.

**Supporting Member**

I wish to join IMA as a supporting member. Enclosed please find one year (\$30) membership dues, which includes a one year subscription to the quarterly newsletter: *The Midwives Connection*.

**Newsletter Only**

I do not wish to become an IMA member. Enclosed is \$15 fee for one year subscription to the quarterly newsletter: *The Midwives Connection*.

**Donation**

I would like to make a donation to further the work of IMA.

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Web Site \_\_\_\_\_

**Please Check All That Apply:**

- |   |   |
|---|---|
| <input type="radio"/> Midwife                   | <input type="radio"/> Midwife Apprentice  |
| <input type="radio"/> Nurse                     | <input type="radio"/> Childbirth Educator |
| <input type="radio"/> Other Health Professional | <input type="radio"/> Parent              |
| <input type="radio"/> Other _____               |   |

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Please Return this form along with your payment to:  
Indiana Midwives Association  
Post Office Box 3704  
West Lafayette, IN 47996