

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*.

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 _____ | |

Please Return this form along with your payment to:
Indiana Midwives Association
2734 West 44th Street
Indianapolis, IN 46228