2014 MEMBERSHIP FORM

This application is for MAM membership from
January 1, 2014 to December 31, 2014, due on <u>December 1, 2013</u>

Name:

Address:

City: Postal Code:

Home Phone: Fax Number:

Email Address:

Please notify MAM with changes as necessary.

Type of Membership

Proof of College registration (as applicable) and payment in full/post-dated cheques are mandatory.

☐ **Full Member for Registered Practicing Midwives** - please complete page 2 for HIROC……….......$710.00
Includes $260 CAM membership, $300 HIROC legal defense insurance, and Canadian Journal of Midwifery.

☐ **Payment Plan for Full Members:** ☐ Full amount ☐ 3 payments ($260 Dec. 1/13, $225 Feb. 1/14, $225 May 1/14)
$710.00 due Dec. 1, 2013 * post dated cheques are required.

☐ **Associate Member: Registered Non-Practicing Midwives** – please complete page 2 for HIROC…$200.00
Includes $100 CAM membership, $75 HIROC legal defense insurance and Canadian Journal of Midwifery.

☐ **Associate Member: Student** (proof of enrolment in Midwifery education program required)…..........................$35.00
Includes CAM student membership, Canadian Journal of Midwifery

☐ **Associate Member** – interested supporting member of the public…………………..........................…..$75.00

Registered Midwife (practicing and non-practicing) Members: As a member of MAM, I understand that I am covered by supplementary legal defense insurance through HIROC. If I fail to pay my fees on time, my insurance coverage will lapse without further notification. A $25 fee will be applied per late or NSF payment.
Signature: **Date:**

PRIVACY STATEMENT - The Midwives Association of Manitoba will not release your personal information to another person or agency without your signed and informed consent.

RELEASE of INFORMATION CONSENT to HIROC and CAM

As a member of MAM, I, ____________, am fully aware that MAM may release my name and contact information to the Canadian Association of Midwives and the HIROC insurance group. Both of these agencies are integral components to my MAM membership. Both of these agencies will not distribute my personal information without notifying the MAM Board.

Signature:______________________ Date:

Make cheque(s) or money order payable to: **Midwives Association of Manitoba, Inc**
And mail with application to:
MIDWIVES ASSOCIATION of MANITOBA, Inc.
Box 3973 Redwood Postal Office, Winnipeg, Manitoba, R2W 5H9.
Midwivesofmanitoba@gmail.com

Please complete page 2 if applicable

Membership Insurance Application Form
Legal Defense Only - 2014
(registered practicing and non-practicing midwives)

1. Legal Name of Applicant: ____________________

2. AKA name (if applicable): ____________________

3. Mailing Address: ____________________

   City/Prov: ____________________ Postal Code: ____________________

4. College Registration No. ____________________

5. Regional Health Authority/Employer: ____________________

6. Address of Site: ____________________

   City/Prov: ____________________ Postal Code: ____________________

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7. Declaration and Signature

I declare that to the best of my knowledge, the statements set forth herein are true and further agree that if any significant change is discovered between the date of this application form and the effective date of the policy, which would render this application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurer. Signing this application does not bind the Applicant or Insurer to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued and this form will be attached to and become part of the policy.

Date: ____________________ Signature of Applicant: ____________________

MIDWIVES ASSOCIATION of MANITOBA, Inc.
Box 3973 Redwood Postal Office, Winnipeg, Manitoba, R2W 5H9
Midwivesofmanitoba@gmail.com