



2017 MEMBERSHIP FORM

Associate Member- Non-Practicing Midwife



***This application is for MAM membership from January 1, 2017 to December 31, 2017.
Application due November 25, 2016, with payment in the form of postdated cheque(s)***

Name: _____

Mailing address: _____

Street address/PO Box

City Province Postal Code

Home phone no.: _____

Email address: _____

- Membership with HIROC Legal Defence Coverage** (Registered Non- Practicing Midwives*) -\$225.00
 - Full amount:.....\$225.00 post-dated Jan 1 2017
 - Board Member discount amount:.....\$175.00 post-dated Jan 1 2017
- Membership without HIROC Legal Defence Coverage (Registered Non- Practicing Midwives*)..... \$150.00
 - Full amount:.....\$150.00 post-dated Jan 1 2017

*Proof of current registration with CMM must be presented upon request.
** Only for qualified members. Must have continuous membership in MAM. Please contact Treasurer, Megan Wilton directly at m_wilton@hotmail.com to check if you qualify.

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, and STATEMENT of UNDERSTANDING RE: INSURANCE

- 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 to HIROC. Both of these agencies are integral components to my MAM membership and neither will distribute my personal information without notifying MAM.
- As a member of MAM, I understand that I may be 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: _____

For Office Use Only		
Date received	(postmark or other)	Initials

**CHEQUES PAYABLE TO MIDWIVES ASSOCIATION OF MANITOBA INC.
PLEASE COMPLETE AND RETURN THIS FORM TO:**

Midwives Association of Manitoba Inc., 3973 Redwood Postal Office, Winnipeg, Manitoba R2W 5H9



2017 MEMBERSHIP FORM

Associate Member- Non-Practicing Midwife



Membership Insurance Application Form Legal Defense Only – 2017 Registered midwives – non-practicing

- 1. Legal name of applicant _____
- 2. AKA name (if applicable) _____
- 3. E-mail address _____
- 4. Mailing address _____

- 5. College Registration No. _____
- 6. RHA/Employer _____
- 7. Work address (site address) _____

8. 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: _____

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