



2017 MEMBERSHIP FORM
Student Membership



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

Name: _____

Mailing address: _____

Street address/PO Box

City

Province

Postal Code

Home phone no.: _____

Email address: _____

[] Student Membership * -\$35.00

[] Full amount:.....\$35.00 post-dated Jan 1 2017

*Proof of current registration with approved educational program must be presented on request of MAM.

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 to HIROC. Both of these agencies are integral components to my MAM membership and neither will distribute my personal information without notifying MAM.

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