



2018 MEMBERSHIP FORM

***This application is for MAM membership from January 1, 2018 to December 31, 2018.
Due November 30, 2017 with payment in full.***

Name: _____

Mailing address: _____
Street address/PO Box

City Province Postal Code

Home phone no.: _____

Email address: _____

Full Student Membership (Registered Practicing Midwives*) - \$35.00

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.

Signature: _____ Date: _____

For Office Use Only

Date received _____ (postmark or other _____) Initial _____

Membership Insurance Application Form Legal Defense Only – 2018 Registered practicing midwives

1. Legal name of applicant _____

2. AKA name (if applicable) _____

**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