



2019 STUDENT MEMBERSHIP FORM

***This application is for MAM membership from January 1, 2019 to December 31, 2019.
Due Friday November 30, 2018 with payment in full.***

Name:

Mailing address:

Street address/PO Box

City

Province

Postal Code

Home phone number:

Email address:

Name of education program currently enrolled in:

Full Student Membership \$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.

- 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 _____

Option 1: Etransfer to mametransfer@gmail.com with password: placenta

PLEASE COMPLETE AND RETURN THIS FORM TO: midwivesofmanitoba@gmail.com

Option 2: Cheques payable to MIDWIVES ASSOCIATION OF MANITOBA INC.

Mail this form & cheques to: Midwives Association of Manitoba, 3973 Redwood Postal Office, Winnipeg, MB R2W 5H9