



2019 ASSOCIATE 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. Associate membership category is for an individual who wishes to support the Midwives Association of Manitoba.

Name:

Mailing address:

Street address/PO Box

City

Province

Postal Code

Home phone number:

Email address:

Associate Member – supporting member of the public.....\$75.00

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

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 & cheque to: Midwives Association of Manitoba, 3973 Redwood Postal Office, Winnipeg, MB R2W 5H9