



Megan Morton
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1-888-45BIRTH
“It’s Your Birth. Know Your Options.”

BirthNetwork National Professional Membership Application

BirthNetwork National is a 501(c) 3 organization; all memberships are tax-deductible. All Professional Members will be added to the website and the printed resource guide unless we are notified otherwise.

BirthNetwork National (or their chapters) does not make referrals and does not endorse any one Provider. BirthNetwork National (or their chapters) reserves the right to exclude/remove a Provider who misrepresents her/his support of BirthNetwork and/or the Mother-Friendly Childbirth Initiative (MFCI), or one whose services are incompatible with the intent of the organization as deemed by the BirthNetwork National Board of Directors.

Please check one:

- New Member
- Renewing Member

Basic Membership: \$50

Includes one listing. Limit each description of services to 20 words or less.

Enhanced Membership: \$75

Includes second listing. Limit each description of services to 20 words or less.

Premium Membership: \$100

Includes 3-5 listings. Limit each description of services to 20 words or less.

If you are a current member and would like to use your existing description(s), please check this box.

Check one or more categories depending on your level of membership.

- | | |
|--|--|
| <input type="checkbox"/> Antepartum Doula | <input type="checkbox"/> Massage Therapist |
| <input type="checkbox"/> Birth Doula | <input type="checkbox"/> Midwife |
| <input type="checkbox"/> Breastfeeding Support | <input type="checkbox"/> Monitrice |
| <input type="checkbox"/> Childbirth Educator | <input type="checkbox"/> Nutritionist |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Obstetrician |
| <input type="checkbox"/> Counselor/Therapist | <input type="checkbox"/> Pediatrician |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> Reflexologist |
| <input type="checkbox"/> Infant Care | <input type="checkbox"/> Yoga Instructor |
| | <input type="checkbox"/> Other: _____ |

The following information will appear in the listing as provided here.

Name: _____

Business: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone: _____ Other Phone: _____

Fax: _____ Email: _____

Website: _____

My BirthNetwork National Chapter is Nashville Birth Network

I have read and would like to add my name as a supporter of the Mother-Friendly Childbirth Initiative created by the Coalition for Improving Maternity Services. (<http://www.birthnetwork.org/pdfs/MFCI.pdf>)

Signed: _____

Date: _____

BirthNetwork National appreciates your dedication to improving maternity care! We look forward to supporting you in your effort to learn about and support mother-friendly care.

Benefits of your Professional membership includes local chapter meetings, the BirthNetwork National quarterly newsletter (“BirthLink”), access to our lending library, a copy of “Birth and Beyond: A Resource Guide for Expectant Parents” (which includes resources to support mother-friendly care), discounts to BirthNetwork conferences and events, and the chance to become part of a growing movement to improve maternity care in your community.

In addition, your Professional membership includes: one or more listings in both the print and online version of “Birth and Beyond: A Resource Guide for Expectant Parents”, speaking opportunities connected to your area of expertise as it relates to mother-friendly care at a BirthNetwork National events and networking opportunities with both consumers and birth professionals.

Please check the following boxes if you are interested in volunteering with BirthNetwork National:

- Volunteer to join BirthNetwork National’s Speakers Bureau; give a presentation on your area of expertise as it relates to mother-friendly care at a local BirthNetwork Chapter Meeting or a BirthNetwork National-sponsored event.
- Display and/or distribute BirthNetwork Chapter Meeting flyers, BirthNetwork National event flyers, and “Birth and Beyond: A Resource Guide for Expectant Parents”.
- Join BirthNetwork National’s Volunteer database.

Please return your Professional Membership Application to:
Megan Morton
Financial Coordinator
PO Box 60541
Nashville TN 37206

With your check or money order for the correct amount made payable to “Nashville BirthNetwork”

Or, if you would rather, you may mail it to:

BirthNetwork National, Membership Coordinator, P.O. Box 2370, Birmingham, MI 48012

You may also join online at: <http://www.birthnetwork.org/member.htm>

Questions? Call 1-888-45-BIRTH or email info@birthnetwork.org.