

Wisconsin Guild of Midwives Membership Application

First Name: _____ Last Name: _____ Date: _____

Check all that apply:

___ Certified Professional Midwife ___ Licensed Midwife (list state(s) if other than WI): _____

___ Certified Nurse Midwife ___ Other Midwife ___ Temporary Permit Holder ___ Other: _____

Personal Information:

Full Address: _____ Zip: _____

Email: _____ Business Name: _____

Website: _____ Phone Numbers: Cell: _____

Home: _____ Office: _____

Do you wish to be added to the Guild Yahoo email group: Y N

Licensed Midwives, do you wish to be added to the Guild website under Midwives? Y N

Prospective members can join the Guild as Professional members or Associate members. Per WGOM

Bylaws, Professional members are midwives who are Licensed Midwives or Certified Nurse Midwives that hold a license to practice midwifery in Wisconsin or are retired Midwives with an inactive license. Professional members also include students with a Wisconsin temporary permit to practice midwifery. **Voting privileges are offered to Professional members.** Associate Members may be any other person who is involved in or associated with midwifery. These members do not have voting privileges at this time.

To become a member, please send this form along with annual membership dues to the address below. Students, midwives in their 1st year of practice, non-practicing midwives and retired midwives are asked to pay dues at the sliding scale of \$35-100 and practicing professionals are asked to pay dues at the sliding scale of \$75-500. The Guild suggests 1-2% of a practice income as your dues to your professional organization. Dues must be sent each year to the Guild treasurer by January 1st of each year. **You MAY become a NEW member at any given time within the year.** Any member whose dues are unpaid (unless you have been granted a Free Membership) by March 1st will forfeit their membership and be deleted from the WGOM website AND the WGOM Yahoo email group. **WGOM offers a membership scholarship for people who self-identify as having a significant financial need and for whom the sliding scale fee would constitute a barrier to joining the Guild.**

I request a membership fee waiver for this year, based upon a significant financial need. Y N

I am enclosing a check for \$ _____ for membership for the calendar year: _____

Please make checks payable to WGOM and mail to:

WGOM, Tricia Morrissey, 3920 W. National Ave. West Milwaukee, WI 53215 Questions? Email Tricia at milwaukeecommunitymidwives@gmail.com

For Treasurer Use Only:

Date received: _____ Check#: _____ Amount: _____ Membership Year: _____ ___ Voting ___ Non-voting
Yahoo Group & Date: _____ Website and Date: _____ Master List _____