

Wisconsin Guild of Midwives Membership Application for Calendar Year: 20_____

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 Google 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 requested a fee waiver) by March 1st will forfeit their membership and be deleted from the WGOM website AND the WGOM Google email group. Payment can be made via check or PayPal to the information listed below. **WGOM offers a membership fee waiver for people who self-identify as being from a historically disenfranchised population or group or for those having a significant financial need and for whom the sliding scale fee would constitute a barrier to joining the Guild.**

I qualify for and request a membership fee waiver for this year, based upon the WGOM membership policy. Y N

- I am enclosing a check for \$_____ for membership for the calendar year: _____
- I am sending a PayPal payment of \$_____ for membership for the calendar year: _____

Checks should be payable to WGOM and mail to: WGOM, Jade Dillman, 5420 20th Ave, Eau Claire, WI 54703

PayPal payments can be sent (friends/family option) to: wimidwives@gmail.com. Please include your full name and what payment is for in the comments (ie. Jade Dillman, 2020 membership)

Questions? Email Jade at: jmdillman1552@gmail.com

For Treasurer Use Only:				
Date received:	Amount:	CK#	Membership year:	____ Voting ____ Non-voting
Google Group date:		Website and date:		Master List