

Pennsylvania Association of Licensed Midwives (PALM) MEMBERSHIP APPLICATION - 2006

PALM MEMBERSHIP #: _____ (WILL BE ASSIGNED TO YOU)

NAME: _____ **CNM / SNM / OTHER** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **COUNTY:** _____

PHONE #: _____ **EMAIL:** _____

*** PRACTICE NAME:** _____ **(* INCLUDE BUSINESS CARD FOR CLARIFICATION)**

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **COUNTY:** _____

PHONE #: _____ **EMAIL:** _____

CHECK HERE IF YOU DO NOT WANT YOUR PRACTICE INFORMATION LISTED IN A PALM DIRECTORY

PA MIDWIFERY LICENSE #: _____

PALM DISTRICT (check one): NORTHWEST NORTHEAST SOUTHWEST CENTRAL SOUTH CENTRAL SOUTHEAST

EMPLOYED BY (check all that apply):

- SELF MIDWIFE (other than self)
- PHYSICIAN HOSPITAL
- CLINIC MILITARY
- GOVERNMENT
- EDUCATIONAL INSTITUTION
- FACULTY PRACTICE
- OTHER _____

TYPE OF PRACTICE (check all that apply):

- PRENATAL WELL WOMAN GYN
- INTRAPARTUM INFERTILITY
- POSTPARTUM PRIMARY CARE
- EDUCATION RESEARCH
- FAMILY PLANNING/CONTRACEPTION
- COMPLIMENTARY/HOLISTIC CARE
- OTHER _____

SITE OF DELIVERIES (check all that apply):

- HOSPITAL
- BIRTHING CENTER
- HOME

PROCEDURES (check all that apply):

- VACUUM EXTRACTION ENDOMETRIAL BIOPSY
- ULTRASOUND COLPOSCOPY
- FIRST ASSIST CIRCUMCISION
- IUD INSERTION

NUMBER OF BIRTHS PER YEAR:

YOU ATTEND: _____
TOTAL FOR YOUR PRACTICE: _____

DOES YOUR PRACTICE PRECEPT STUDENTS?

YES NO
IF YES, TYPE OF STUDENT (list all)

PRACTICE INFO:

MIDWIVES IN YOUR PRACTICE _____
C/SECTION RATE: _____
VACUUM/FORCEPS RATE: _____
VBAC RATE: _____

EDUCATIONAL DEGREEs (check highest):

- DIPLOMA CERTIFICATE PROGRAM
- ASSOCIATE MASTERS
- BACHELORS PhD/DOCTORATE

OTHER CREDENTIALS (list all): _____

MEMBERSHIP CATEGORIES:

ACTIVE (PA Licensed Midwives):

- (Voting members):
- YEARLY \$100
 - LIFETIME \$1500

AFFILIATE:

- (Non-voting members):
- STUDENT \$25
 - ASSOCIATE \$75
 - FRIEND \$75

CORPORATE:

- (Non-voting Members):
- \$500

MEMBERSHIP DUES: \$ _____

DONATION for Legislative efforts: \$ _____

DONATION for Organizational needs: \$ _____

****TOTAL AMOUNT:** \$ _____

MAKE CHECK PAYABLE TO: PALM

MAIL TO: PALM (att. Treasurer)
1124 BEVERLY RD.
JENKINTOWN, PA 19046

** Contributions or gifts to PALM are not tax-deductible as charitable contributions; however, some portion of membership dues may be tax-deductible as ordinary and necessary business expenses.