



# Midwives Association of Florida Membership / Renewal Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Your email will be added to our email group

Committee Interest: \_\_\_\_\_

Please Check One:

**Full Membership:** (voting)

- Midwife: \$75.00
- Student Midwife: \$40.00

**Associate Membership:** (non voting)

- Individual: \$25.00
- Institution: \$150.00

Enclose and mail a check or money order made Payable to:  
Midwives Association of Florida  
Attn: Secretary  
3102 Gloria Av  
Plant City, FL 33563