

## Thank you for supporting Birth Network of Santa Cruz County.

General Membership ☐\$25 Professional Membership ☐\$50

Additional donation: ☐\$25 ☐\$50 ☐\$75 ☐\$100 ☐\$\_\_\_\_\_

**Total enclosed** \$\_\_\_\_\_

Membership expires each June.

Be sure to include a legible email address for our e-newsletter.



### Birth Network Contact Information

☐ You may not use my name publicly.

Name	
Mailing address	
City	Zip
Phone	Email

### Professional members also fill in below for Birth Network web page & Resource Guide.

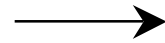
Your contact information above is private. The space below is for all information that you wish to appear in public, such as on the Birth Network website or the Pregnancy and Birth Resource Guide.

Business name	
Name	
When space is limited, such as in the Pregnancy and Birth Resource Guide, please use the following phone number _____, and my <input type="checkbox"/> name <u>OR</u> <input type="checkbox"/> business name.	
Address	
City	Zip
Phone(s)	
Email	Website

**Please check headings in which you currently, actively offer classes or services:** Unless you have special training or offer a service beyond the norm do not check additional headings. i.e., Midwives offer childbirth education in their basic services, but unless separate classes are being offered, please don't check childbirth educator.

- ☐ Midwife Home ☐ Midwife Hospital ☐ MD ☐ Family Health Care ☐ Acupuncture/Traditional Chinese Medicine  
☐ Birth Doula ☐ Postpartum Doula ☐ Chiropractic ☐ Breastfeeding Help ☐ Prenatal/Postpartum Counselors  
☐ Childbirth Educator ☐ Prenatal/Postpartum massage ☐ Infant Massage ☐ Prenatal Yoga  
☐ Other - Resources and Support ("other" must be described in your 50 word description)

### In order to be listed in Birth Network resource information you must complete the following steps:

- ☐ I have read, and am in support of, the Mother-Friendly Childbirth Initiative
- ☐ I have signed the Mother-Friendly endorsement form and a copy is on file with Birth Network  
(Birth Network has the Mother-Friendly Childbirth Initiative & endorsement forms or download from [www.motherfriendly.org](http://www.motherfriendly.org))
- ☐ I have a current membership with Birth Network (check enclosed or have made payments toward my membership)
- ☐ I have provided a description of myself and/or services (less than 50 words) on the  other side of this form. This same description will be used with all the headings checked above.

Renewing professional members should go to [birthnet.org](http://birthnet.org) to check current listings on the "information and local resources" page.  
Filling out this section of the form gives permission to use my name/information on the web and/or in other Birth Network publications.

Please make checks payable to **Birth Network** and mail to: PO Box 3629, Santa Cruz CA 95063  
Birth Network of Santa Cruz County is a 501c3 nonprofit organization • [www.birthnet.org](http://www.birthnet.org) • 6/08

Birth Network use only	date processed _____	ck # _____	amt _____	web _____	DB _____
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