



American College of Nurse-Midwives

Address for Payments: P.O. Box 759147, Baltimore, MD 21275-0001
Member Services Telephone: 240-485-1825 Fax: 240-485-1818
E-mail: memb@acnm.org

MEMBERSHIP APPLICATION

- Note which address is to be used for mail and the online membership directory.
See back of form for additional address info.
- Check here if you do not want to be listed in the Membership Directory.

First Name: _____

Last Name: _____

Certificate Number: _____

Name of education program: _____

Who introduced you to ACNM? _____

HOME ADDRESS

Use this address for:
 Mail Directory

Address
City State Zip
Country
Telephone
Home Fax
E-Mail

PRACTICE ADDRESS

Use this address for:
 Mail Directory

Practice Name:
Address:
Address 2:
City State Zip
Main Telephone Number
Fax
Practice Web URL

PLEASE RETURN THIS FORM WITH YOUR PAYMENT

A dues payment to ACNM is not tax deductible as a charitable contribution but may be deductible as a business expense with an exclusion of 6.4% due to restrictions imposed as a result of ACNM lobbying activities. Should you choose to make a gift to the ACNM Foundation, that portion of your payment is deductible as a charitable contribution.

Please check here if you want information sent to you on planned giving to the Foundation.

MEMBERSHIP CATEGORY AMOUNT

(Please check one)

- | | |
|--|----------|
| <input type="checkbox"/> Active | \$350 |
| <input type="checkbox"/> Active-First Year
(for CNMs/CMs certified during the last year) | \$210 |
| <input type="checkbox"/> Active-Life | \$5025 |
| <input type="checkbox"/> Active-Supporting
(CNM/CMs only: full-time student/disabled/
retired/missionary/full-time volunteer/
not employed) | \$187.50 |
| <input type="checkbox"/> Associate: (Non-CNM/CMs or students) | \$135 |
| <input type="checkbox"/> Student: (students enrolled in A.C.M.E
accredited education programs) | \$135 |

ADD - ONS

- | | |
|--|----------|
| <input type="checkbox"/> "OBSTETRICS & GYNECOLOGY" | \$ 75.00 |
| <input type="checkbox"/> A.C.N.M. FOUNDATION | \$ _____ |

TOTAL: _____

PAYMENT INFORMATION (Please complete)

Amount enclosed/charged: \$ _____

Payment made by: Check (payable to ACNM) Check Number _____ Money Order VISA MasterCard

if credit card: Account No. _____

Exp. Date _____

Name on card _____

Signature **X** _____