



COALITION FOR IMPROVING MATERNITY SERVICES (CIMS) 2012 INDIVIDUAL MEMBERSHIP FORM

Help us to become a powerful voice for evidence-based maternity care by joining CIMS with a 1-Year CIMS Membership or sign up today for a Lifetime Membership and help ensure our long-term goal to make Mother-Friendly C a reality.

Your Information

Name: _____ Credentials/Degrees: _____

Address: _____ This is a:
City, _____
State _____ Residential Address
Zip: _____ Business Address

Telephone: _____ Fax: _____

Email: _____ Web site: _____

I am

a: Consumer Childbirth Educator Doula Nurse
 Birth Advocate Lactation Consultant Midwife Physician

Do not include my name in the member list on the CIMS web site.

Membership Level

2012 Individual Annual Membership:

\$25 Friend \$50 Partner \$100 Angel

Individual Lifetime Membership

\$500 Lifetime Friend \$1,000 Lifetime Partner \$2,500 Lifetime Angel

Payment Method

A check for \$ _____ is enclosed.

Credit Card Payment: (please circle) **VISA** | **MASTERCARD**

Card #: _____ Exp. Date: _____

Billing Address (street, city, state, zip): _____

Name on Card: _____ Signature: _____

Select: _____ One-time credit card payment of \$ _____

_____ Recurring credit card payment plan (maximum of 4 payments). Please charge my credit card as follows:

\$ _____ on _____ (Date) \$ _____ on _____ (Date) \$ _____ on _____ (Date) \$ _____ on _____ (Date)

Join online OR mail this form to CIMS at:

Coalition for Improving Maternity Services (CIMS)
P.O. Box 33590, Raleigh, NC 27607-3590
www.motherfriendly.org | Phone: 866-424-3635

CIMS is a not-for-profit organization recognized as tax-exempt under Internal Revenue Code section 501(c)(3). Our mission is to promote a wellness model of maternity care that will improve birth outcomes and substantially reduce costs.