



FOR OFFICE USE ONLY

Check # _____ Amount \$ _____ Date Rec'd ____/____/____
Supporting Non-profit Individual Group Corporate Benefactor
Renewal Month _____

RENEWAL APPLICATION

Member Since ____/____/____

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Home (_____) _____ - _____ Cell (_____) _____ - _____ Work (_____) _____ - _____

E-mail _____ Web Site _____

YOUR INTEREST IN BIRTH CARE NETWORK

What role(s) in birth or family support do you play or desire to play? (Please indicate any certification/certifying body, length of service and any other details you wish to share. (This is only necessary to update if there has been a change over the past year).

MEMBERSHIP STATUS: (PLEASE CHOOSE ONE)

- Supporting Member Status** (\$25 Annual)
- Individual Member Status** (\$50 Annual)
- Corporate Member Status** (\$125 Annual)
- Non-Profit Group Member Status** (\$45 Annual)
- Group Member Status** (\$100 Annual)
- Benefactor Member Status** (\$200+ Annual)
- Additional Referral Listing** (\$15 Each)

I am interested in receiving referrals from BCN. (N/A for Supporting Members). Yes No

I would like the following information included on the referral list (distributed to potential clients):
(Choose one phone number) Home# Work# Cell# AND E-mail Web Site

- Certified Birth Doula Trained Birth Doula Certified Postpartum Doula Trained Postpartum Doula
- Childbirth Educator Midwife MD Breastfeeding Support Pregnancy/Infant Massage
- Other _____

PLEASE MAIL RENEWAL APPLICATION & PAYMENT TO:

ATTN: MEMBERSHIP COORDINATOR • BIRTH CARE NETWORK • 1009-B DUPONT SQ N • LOUISVILLE, KY 40207