

MCCCPM

Minnesota Council of Certified Professional Midwives

Membership Registration

Membership in MCCCPM is open to CPMs, CNMs, apprentices and students in a formalized relationship with a MCCCPM CPM member, aspiring midwives and persons with an interest in preserving midwifery. Please see the by-laws to review membership and voting privileges.

Membership in MCCCPM is an opportunity and a privilege. Voting membership requires specific responsibilities: dues, attendance at meetings, safe practice, and peer review.

Name _____

Address _____

City/State _____ Zip Code _____

Phone _____ E-Mail _____

Business Name _____ Phone _____

If you are a student, what is the name of your school (if applicable)?

Who are you apprenticing with? _____

If joining as a student or apprentice voting member may we verify your status with your preceptor? Yes / No

Preceptor's name and phone number: _____

If joining as a CPM or CNM please include a copy of your certification.

Other requirements:

It is a requirement for each member to complete an anti-racist or anti-oppression workshop/training each year.

Do you agree to completing this? Circle one: Yes or No

Please list the name and date of your most recent anti-racist/anti-oppression workshop or training:

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Membership fees are waived for the following:

- You are a member of the BIPOC community
- You are a member of the LGBTQIA2S+ community
- You are a recent graduate and/or this is your first year of practice as a midwife

Please make checks payable to MCCPM or submit payment via paypal (@MCCPM as the recipient or MN Council of Certified Professional Midwives).

Send payment and/or form to MCCPM. Find updated PO Box address on our website.

If you are a CPM and would like to be listed on the MCCPM website (mccpm.org), please email your bio and photo to Olivia (joy@oliviakimble.com) so that it can be added during the next quarterly web update.

Once you have sent in your membership form, a board member will add you to the MCCPM IO Groups.

Our membership is a sliding scale, please pay what you're comfortable with. Nobody will be denied membership due to inability to pay. Please check what you can afford or if you need to have your membership fee waived:

_____ Active Member annual dues, sliding scale: \$75.00-\$150.00

_____ Associate Member annual dues, sliding scale: \$30.00-\$100.00

_____ I can pay this amount _____ towards a yearly membership in MCCPM

_____ I would like my membership fee waived for this membership year

Payment type _____ Check _____ Cash _____ PayPal

_____ Copy of midwife certification enclosed

Date _____