

# Hudson Valley Birth Network Membership Application

Name of Organization (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone # \_\_\_\_\_

Website and/or Email Address \_\_\_\_\_

Names of Professionals (with credentials following name) to be included in membership

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

Brief Description of Services Provided \_\_\_\_\_

\_\_\_\_\_

Email address to which you would like your bi-monthly HVBN updates sent: \_\_\_\_\_

\_\_\_\_\_ I/we would like to become a member/s of the Hudson Valley Birth Network and be listed on the website. Enclosed please find my payment of \$125 which includes the one-time website setup fee and annual membership fee of \$25 for 2006.

\_\_\_\_\_ I/we would like to become a member/s of the Hudson Valley Birth Network, but do not wish to be listed on the website. Enclosed please find my payment of \$25, representing the annual membership fee for 2006, which supports the cost of professional and consumer conferences as well as printed material and other advertising.

\_\_\_\_\_ I/we would not like to become a member/s of the Hudson Valley Birth Network at this time, but would still like to support the network by receiving/distributing printed material and bi-monthly email updates on the HVBN (email address: \_\_\_\_\_).

Please send your membership application to our membership coordinator, Katherine Anderson, 44 Bradley Street, Dobbs Ferry, NY, 10522.