



CIMS

COALITION FOR IMPROVING
MATERNITY SERVICES

2010 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 Care a reality.

Membership* Category	Membership Fee	Member Benefits
<input type="checkbox"/> 2010 Friend	\$ 25	Join today to receive recognition on the CIMS web site, CIMS product discounts, and the e-CIMS newsletter
<input type="checkbox"/> 2010 Partner	\$ 50	2010 "Partner" Members also receive a FREE copy of The Evidence Basis for the Ten Steps of Mother-Friendly Care, The Journal of Perinatal Education, Winter 2007 Supplement.
<input checked="" type="checkbox"/> 2010 Angel	\$ 100	2010 "Angel" Members automatically receive a complimentary copy of <i>The Evidence Basis</i> document and a CIMS canvas tote – the perfect way to show your support for Mother-Friendly Care on the road and at home!
<input type="checkbox"/> Lifetime Friend	\$ 500	In addition to the annual member benefits above, all Lifetime Members enjoy discounted Member rates for the CIMS Annual Mother-Friendly Childbirth Forum and special recognition at all CIMS events.
<input type="checkbox"/> Lifetime Partner	\$ 1,000	Lifetime "Partner" Members also receive a unique pendant gift inspired by our shared commitment to Mother-Friendly Care and designed exclusively for our most prestigious Lifetime "Partner" and Lifetime "Angel" Members.
<input checked="" type="checkbox"/> Lifetime Angel	\$ 2,500	Our cherished Lifetime "Angel" Members receive the CIMS pendant gift and a personalized Certificate of Recognition for their commitment to Making Mother-Friendly Care A Reality.

(*CIMS has a non-voting membership according to our bylaws. The 2009 Membership year runs Jan. 1 – Dec. 31, 2010)

Name: _____ Credentials/Degrees: _____

Address: _____ This is a:
 Residential Address
 Business Address

City, State Zip: _____

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.

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 or fax this form to CIMS at:

Coalition for Improving Maternity Services (CIMS)
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www.motherfriendly.org | (p) 888.282.CIMS (2467) | (f) 919.787.4916

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.