



# NYSALM MEMBERSHIP APPLICATION

**NAME:** \_\_\_\_\_ **CM / CNM / SM / SNM** (circle one) **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**\* PLEASE INCLUDE A BUSINESS CARD TO ASSIST WITH CLARIFICATION**

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**NYSALM DISTRICT (check one):**

**PRACTICE NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

- HUDSON VALLEY
- LONG ISLAND
- NORTH CENTRAL
- NORTH EAST
- NYC
- SOUTH CENTRAL
- WESTERN
- ROCHESTER

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**FAX #:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**EMPLOYED BY (check all that apply)**

- SELF
- MIDWIFE (other than self)
- PHYSICIAN
- HOSPITAL
- CLINIC
- MILITARY
- GOVERNMENT
- BIRTHING CENTER
- EDUCATIONAL INSTITUTION
- OTHER \_\_\_\_\_

**TYPE OF PRACTICE (check all that apply)**

- PRENATAL
- INTRAPARTUM
- CIRCUMCISION
- GYN / FP
- COLPOSCOPY
- ENDOMETRIAL BIOPSY
- EDUCATION
- INFERTILITY CARE
- PRIMARY CARE
- FIRST ASSIST
- VBAC
- OTHER \_\_\_\_\_

**SITE OF DELIVERIES (check all that apply)**

- HOSPITAL
- BIRTHING CENTER
- HOME

**NUMBER OF BIRTHS YOU ATTEND PER YEAR:**

- 0
- 10-50
- 100-150
- <10
- 50-100
- 150 OR MORE

**TOTAL BIRTHS IN YOUR PRACTICE PER YEAR** \_\_\_\_\_

**DOES YOUR PRACTICE PRECEPT STUDENTS?**

- YES
- NO

**TYPE OF CLIENTS:**  PRIVATE  URBAN  RURAL  
 MEDICAID  SUBURBAN

**DO YOU PARTICIPATE WITH PRIVATE INSURANCE:**  YES  NO

**EDUCATIONAL DEGREES (check all that apply)**

- DIPLOMA
- CERTIFICATE PROGRAM
- ASSOCIATE
- MASTERS
- BACHELORS
- PHD/DOCTORATE

(Your name will NOT be attached to the following information)

**HAVE YOU EVER BEEN NAMED IN A MALPRACTICE LAWSUIT?**

- Yes
- No

**HOW MANY TIMES?** \_\_\_\_\_

**HAS THE WRITTEN PRACTICE AGREEMENT EVER BEEN A BARRIER TO PRACTICE FOR YOU?**

- YES
- NO

**OUTCOME OF LAWSUIT:**

- SETTLEMENT
- JURY AWARD TO PLAINTIFF
- JURY AWARD TO DEFENDANT

**WHO PAYS YOUR MALPRACTICE INSURANCE?**

- NO ONE; PRACTICE BARE
- EMPLOYER
- SELF

**MALPRACTICE INSURER:**

- THROUGH ACNM
- MLMIC
- FTCA
- MMIP (POOL)
- OTHER \_\_\_\_\_

**MEMBERSHIP CATEGORIES:**

**ACTIVE (NYS Licensed Midwife): (Voting Members):**

- Two-Year Active \$275
- YEARLY \$150
- LIFETIME \$2,250
- Retired \$37.50

**AFFILIATE:**

**(Non-voting Members):**

- STUDENT MIDWIFE \$37.50
- ASSOCIATE \$ 112.50

**MAKE CHECK PAYABLE TO: NYSALM**

**MAIL TO: A. Gilgoff**  
**23 Parkcrest Drive**  
**Rosendale, NY 12472**

**Credit Card Payment:**

Name on Card: \_\_\_\_\_

**MEMBERSHIP AMOUNT:** \$ \_\_\_\_\_

Billing Address: \_\_\_\_\_

**DONATION for legislative effort:** \$ \_\_\_\_\_

Credit Card #: \_\_\_\_\_

**DONATION for organization needs:** \$ \_\_\_\_\_

Exp. Date: \_\_\_\_\_

**TOTAL AMOUNT:** \$ \_\_\_\_\_

"V" Code (3 digits on the back of card): \_\_\_\_\_