



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: _____

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

ADDRESS: _____

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 PRACITE 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 CATAGORIES:

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: 23 Parkcrest Drive
Rosendale, NY 12472**

YOU CAN ALSO PAY WITH A CREDIT CARD

OR PAYPAL AT WWW.NYSALM.ORG

MEMBERSHIP AMOUNT: \$ _____

DONATION for legislative effort: \$ _____

DONATION for organization needs: \$ _____

TOTAL AMOUNT: \$ _____

NYSALM is a 501(C)6 professional organization. Contributions are not deductible as charitable donations, but membership dues may be tax-deductible as ordinary and necessary business expenses.