

Tennessee Midwives Association

Membership Information Form

Name _____

Address _____

Phone _____

Email _____

If you have provided an email address, do you still require a paper copy of TMA announcements, meeting reminders, and newsletters be sent to you by postal mail? _____

Do you give permission for this information to be placed on a voluntary membership list to be distributed to other TMA members? This voluntary list may be released or sold by TMA to maternity care organizations. _____

Membership Category:

_____ Voting Member (\$35)

_____ Midwife (_____ CPM _____ CNM _____ Other Midwife)

_____ Apprentice Midwife

_____ Midwife's Assistant

_____ Supporting Member (\$25) (_____ Midwifery Student _____ Other Supporter
_____ Other Birth Professional: _____)

Please send this membership form along with check made out to TMA to:

Martina Benson
TMA Treasurer
1000 S. Cooper, Suite 229
Memphis, TN 38104

TMA members who are midwives are eligible to have their practice information published in the online directory on the TMA website. If you wish to be published in the online directory, please fill out the accompanying Website Publication Form and mail to Kimberly Spencer at the address provided.

TMA Website Publication Form

Please provide the following information as you want it to appear on the TMA website. We will publish any or all of the information you wish. You do not need to provide all of your contact information in order to be published on the website. **Fill in only the information you want to have published.** Email and website addresses will appear as hyperlinks. If you have any questions please contact Kimberly Spencer at (615) 883-8744 or nashvillemidwife@gmail.com.

An example of how a complete listing would appear:

Nashville Midwifery Service (link)
Kimberly Spencer, CPM
5013 Sunset Way
Hermitage, TN 37076
Phone: (615) 883-8744
Fax: (615) 883-7101
Email: nashvillemidwife@gmail.com (link)
Home births

Practice Name _____
(You may list your name if you do not practice under a business name)

Midwife(s) Names _____

Website Address _____

Mailing Address _____

Phone Number _____

Alternate Phone _____

Fax Number _____

Email Address _____

Practice Locations: _____ Home _____ Birth Center _____ Hospital

By signing I grant permission for the preceding information to be published on the TMA website: _____
(signature) (date)

Mail or fax this form to:
Kimberly Spencer
5013 Sunset Way
Hermitage, TN 37076
Fax (615) 391-0674