

## Membership Renewal

Name \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

**I am** (check all that apply):

- Charis CE/Doula student
- Charis Midwifery student
- Charis CCE, CD
- Charis Midwifery graduate
- a student midwife in another midwifery school
- a student doula or CE in another doula or CE course
- a CPM, LM, CNM, DEM, OBGyn, CD, CCE, \_\_\_\_\_ (circle all that apply)
- a pastor
- someone who loves pregnancy, birth, babies, & families
- serving in a country other than the USA
- I would like to be included in the online membership directory when it is completed (If this box is checked, please fill out the information below.)

## Charis Membership Directory Listing

The online membership directory is not yet functional and is optional for Charis members, but will be a great way to advertise who you are and how you serve the community. Your signature at the bottom of this form indicates your desire to participate in the membership directory on the Charis website and gives Charis permission to publish that information in the directory. Please only fill in the information you desire to be posted in the directory.

Business Name \_\_\_\_\_

Name \_\_\_\_\_

Title/Credentials \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

Signed \_\_\_\_\_ date \_\_\_\_\_