



Alabama  
Midwives  
Alliance

*Print and use this form for new memberships, renewals, or donations.  
Membership dues are due annually in January.*

Name: \_\_\_\_\_

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

\_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Membership:**  \$35 – Voting Member (Midwives or aspiring midwives)

**Donation:**  \$ \_\_\_\_\_

**Total Amount Enclosed:** \$ \_\_\_\_\_

*Please mail check or money order to:*

*ALMA Treasurer  
851 W. Alabama St.  
Florence, AL 35630*

Date Received: \_\_\_\_\_

Renewal Date: \_\_\_\_\_