



Date: _____

APPLICATION FOR MEMBERSHIP

Names: _____

Mailing Address: _____

City: _____ Prov.: _____ Postal Code: _____

Tel: _____ Alt. Tel: _____ Fax: _____

Email: _____

YEARLY MEMBERSHIP FEE—for benefits of membership, visit our website at

www.crescentmoonchildbirth.org

- | | | |
|---|---------|----------|
| <input type="checkbox"/> Family Membership | \$10.00 | \$ _____ |
| <input type="checkbox"/> Professional Membership | \$25.00 | \$ _____ |
| <input type="checkbox"/> Donation to the Crescent Moon Childbirth Society
<i>Official tax receipt will be issued</i> | | \$ _____ |

TOTAL ENCLOSED: \$ _____

PAYMENT OPTIONS

Cheque payable to “Crescent Moon Childbirth Society”

I would like to pay with VISA/MasterCard

Number _____ Exp _____

Signature _____

Your membership will be activated or renewed upon receipt of payment. Thank you!

Crescent Moon Childbirth Society,
201-2775 McKenzie Ave, Surrey, BC V4A 3H5
info@crescentmoonchildbirth.org www.crescentmoonchildbirth.org
Phone 604-535-1175 Fax 604-648-9791

Thank you for sharing your birth and parenting experience with us!