

# Visalia Birth Network

## MEMBERSHIP APPLICATION

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

Business Type: \_\_\_\_\_

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

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

Main/Business Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

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

Website: \_\_\_\_\_

\_\_\_\_\_ I have read *and*/endorsed the Coalition to Improve Maternity Services "Mother Friendly Childbirth Initiative". (required for membership)

\_\_\_\_\_ I am willing to host a minimum of 1 free birth related educational/informational session per year on the subject(s) of \_\_\_\_\_.

\_\_\_\_\_ I am willing to assist w/ tabling at local events by volunteering for a shift, thereby helping to introduce VBN to the community.

\_\_\_\_\_ I am willing to participate in Visalia Birth Network's monthly meeting. We meet once monthly at various locations.

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Disclaimer: VBN reserves the right to remove/exclude a provider who misrepresents his or her support of the Mother Friendly Childbirth Initiative or one whose services or conduct are incompatible with the intent of the organization as deemed by VBN. The Visalia Birth Network's Mission Statement and disclaimer are subject to change at the discretion of VBN Board Members.

I certify that I have read and agree to the above terms:

Signature: \_\_\_\_\_

VBN appreciates your dedication and support for Mother Friendly Maternity Care. Thank you!