



Wisconsin Association
for Perinatal Care

BECOME A MEMBER

WHAT ARE the benefits of membership?

Professional Development

WAPC is committed to the professional growth of its members through its annual conference, regional forums, and Web-based educational modules.

Publications

Members enjoy access to *E-PeriScope*, the electronic newsletter; WAPC reports, position statements, and brochures; and the “members only” section of the WAPC Web site.

Central Resource

WAPC staff are available for consultation on a wide variety of perinatal issues. Resources are available 24/7 at www.perinatalweb.org.

Networking

Join a powerful state, national, and international network of colleagues, all working to promote perinatal health. Participate in a variety of roles to make a difference in perinatal care.

- **Join** the **Wisconsin Association for Perinatal Care** and become a member of the largest perinatal organization in the United States.
- **Join** an organization that is a well-respected leader in perinatal health that addresses contemporary issues.
- **Join** the WAPC and play a role in developing standards of care, “best practices,” and professional and public education.
- **Join** a multidisciplinary network of perinatal experts.

Join today!

Your membership supports health care issues and positive outcomes for infants and families. **Because of you**, we can continue our mission of education, advocacy and collaboration with other like-minded groups.

Ready to apply?

- Learn more about WAPC at www.perinatalweb.org.
- Dues are only \$75 per year and include all benefits.
- Membership is multi-disciplinary; it is open to anyone.
- Fill out an application (on page 2) or register online at www.perinatalweb.org.
- We will confirm receipt of your application.

Questions?

Wisconsin Association for Perinatal Care
211 S. Paterson Street, Suite 250
Madison, WI 53703
(608) 285-5858 (p)
(608) 285-5004 (f)
wapc@perinatalweb.org

www.perinatalweb.org

wapc@perinatalweb.org



WAPC MEMBERSHIP APPLICATION

Name: _____

Honorifics: _____

(R.N. M.D., C.S.W., R.D., etc.)

Agency Affiliation: _____

(if applicable)

(hospital/clinic/agency)

County of employment: _____

(Determines a WAPC member's regional affiliation)

Preferred mailing address:

Home

Work

Street: _____

City: _____ State: _____ ZIP: _____

Phone number (daytime): (_____) _____ - _____

Email address: _____

MEMBERSHIP DUES

Indicate the membership category you are applying for:

Regular Annual Membership Dues: _____ years x \$75 = _____

\$40 Student Annual Membership Dues
(Must be full-time student - please enclose a copy of fee card)

Indicate the method of dues payment:

Check made payable to: Wisconsin Association for Perinatal Care

Charge to the following account: _____ Mastercard _____ Visa

Card Holder Name: _____

Card No.: _____ Expires: _____ / _____

Public Affairs Update - Check the box if you would like to receive periodic updates.

WAPC member contact (optional): _____

To help us develop our membership profile, please complete the following section. Check one item under each heading. If you need to check more than one, please rank 1, 2, etc.

Profession

Administration

Consumer

Dietetics

Education

Medicine

Nursing

Social Work

Therapy

Other: _____

Area of Speciality

Administration

Community Health

Family Planning/
Reproductive Health

Family Practice

Genetics

Infant Development/
Early Childhood

Neonatology

Nurse Midwifery

Obstetrics/Gynecology

Pediatrics

Perinatal (both OB/
GYN & Pediatrics)

Other: _____

Primary Duties

Administration

Consultation

Education

Parenting

Patient Care

Research

Student

Supervision

Other: _____

Employed by

Academic Institution

Hospital

Private Clinic/Agency

Public Clinic/Agency

Self

Other: _____

For Office Use Only

Date Received: _____

Received Check From: _____

Check Number: _____

Date Membership Expires: _____

Mail to: Wisconsin Association for Perinatal Care, 211 S. Paterson Street, Suite 250, Madison, WI 53703 OR Fax to: 608-285-5004