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
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 ☐ Nursing
☐ Consumer ☐ Social Work
☐ Dietetics ☐ Therapy
☐ Education ☐ Medicine
☐ Other:

Area of Speciality
☐ Administration ☐ Neonatology
☐ Community Health ☐ Nurse Midwifery
☐ Reproductive Health ☐ Obstetrics/Gynecology
☐ Family Practice ☐ Pediatrics
☐ Genetics ☐ Perinatal (both OB/GYN & Pediatrics)
☐ Infant Development/Early Childhood ☐ Other:

Primary Duties
☐ Administration ☐ Research
☐ Consultation ☐ Student
☐ Education ☐ Supervision
☐ Parenting ☐ Other:
☐ Patient Care

Employed by
☐ Academic Institution ☐ Public Clinic/Agency
☐ Hospital ☐ Self
☐ Private Clinic/Agency ☐ 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