



Membership Application 2018
Jan-Dec

Check the items you would like to appear on the website:

Name _____

Business Name(s) _____

Title(s): check all that apply

- Birth Doula
- Postpartum Doula
- Childbirth Educator
- Postnatal Educator
- Lactation Educator
- Naturopathic Doctor
- Fitness Instructor
- Placenta Encapsulator
- Yoga Instructor
- Other _____
- Lactation Consultant (IBCLC)
- Craniosacral Therapist
- Acupuncturist
- Midwife
- Licensed Massage Therapist
- Physical Therapist

Address (incl. City, State, Zip) _____

Email _____

Website _____

Mobile phone _____

Work phone _____

Home phone _____

- Basic Membership (making under \$20K/year) \$35 \$ _____
- Silver Membership (making \$20-35K/year) \$45 \$ _____
- Gold Membership (making \$35K+/year) \$55 \$ _____
- Student Membership \$25 \$ _____
- Affiliate Membership (not a birth or pp doula) \$25 \$ _____
 - New
 - Renew
 - I have a new address or phone number since last year
- Donation \$ _____
- TOTAL \$ _____

* Make checks payable to **Portland Doula Association**

Mail to: 9333 N Kellogg St, Portland, OR, 97203

- Yes, I would be interested in VOLUNTEERING for PDA
 - Speaking at a future meeting. Topic _____
 - Events/Workshops Support
 - Join the Board
 - Other: _____

PDA Use Only:

New/Renew
 Paid by Check # _____
 or Cash _____
 Date _____ Initials _____
 Process date: _____