

**New York State Perinatal Association
INDIVIDUAL MEMBERSHIP APPLICATION**

Thank you!!! We're very glad you have chosen to join the hundreds of individuals in NYS that are committed to improving services for - and the health of - women, infants and their families. Please complete the following information and return to the NYSPA Office.

NAME: _____ **Male** ___ **Female** ___ **Age** _____

Profession: MD/DO ___ Nurse Midwife ___ Nurse ___ Social Worker ___ Educator ___ Administrator ___

Other: _____ Additional information: _____

Address: _____ **City** _____ **State** _____ **Zip** _____

County: _____ **Region:** NYC ___ LI ___ CNY ___ WNY ___ NENY _____

Phone: _____ **Fax:** _____ **Email:** _____

Employer: _____ **Position:** _____

ANNUAL MEMBERSHIP DUES: \$ 50 - PLEASE ENCLOSE YOUR CHECK OR MONEY ORDER MADE PAYABLE TO:
New York State Perinatal Association
Mail to: **457 State Street, Binghamton, NY 13901**
Questions? Contact: **607-772-4763 or 877-268-5072 (toll free)**

Visit our Website @ www.nysperinatal.org

We value your input about perinatal issues. Please list your top 3 areas of concern about maternal and child health services or issues in NYS:

- 1.
- 2.
- 3.

Historically, NYSPA has held one annual perinatal health educational conference each year.

- 1) Did you attend the June 2006 NYSPA conference (in New York)? YES ___ NO ___
- 2) Have you attended previous years' conferences? YES ___ NO ___ #
- 3) Is Albany the best location for the annual conference? YES ___ NO ___
- 4) If you answered no to #3, list suggestions for alternate conference locations (in NYS):

A. _____ **B.** _____ **C.** _____

5) Do you think NYSPA should change from a once a year conference to regional conference held throughout the state? YES ___ NO ___ If yes, duration of mtg: ½ day ___ Full ___ Evening ___

- 6) Please indicate your interest in being more involved with NYSPA: a) future board member: ___
b) Committee: Advocacy ___ Finance ___ Membership ___ Education ___ Conference ___
c) Are you interested in helping with: 1) Newsletter development ___ 2) Website ___ Presentations ___

New Members: Welcome to NYSPA! Renewing Members: Welcome Back!
The NYSPA Board of Directors is delighted you care about making a difference for mothers, babies and families in New York State!!