



Membership Registration

Personal Information

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Professional Information

Business Name: _____

Business Phone: _____ Credentials: _____

Website Address: _____

Business Address: _____

Services you would like to advertise you provide:

VBAC Vaginal Twin Delivery Vaginal Breech Birth WWC outside of PN/PP

Other _____

Type of Annual Membership:

Professional Member \$100 Associate Member \$75 Supporting Member \$30

Agreement to Member Conduct Policy

WARM thanks you for your dedication to supporting and unifying midwives. As we act to preserve classical midwifery, we bring strength and solidarity to what we hold dear. Honor, integrity and virtue cannot be separated from our skills. Let us build each other up and stand strong together. We thank you for your participation and respectful adherence to our cause.



WARM respects freedom of expression and open communication, within a kind and respectful atmosphere. We desire to foster a well-organized, collaborative environment in which we preserve and promote integrity in midwifery.

To this regard, we ask that our members agree to the following:

WARM MEMBER CODE OF CONDUCT: Each member of WARM agrees, as part of their membership, to conduct themselves according to the following:• Members will treat others with respect, dignity, and kindness * Members agree to speak, listen and communicate with courtesy and understanding• Members must be honest and truthful * Members will refrain from disrespectful or inflammatory statements directed at other members or leadership * Members agree to refrain from using WARM platforms for personal (political, religious) gain * Members who are found to violate these codes of conduct will forfeit their membership, effective immediately when found in violation by the WARM Board

_____ I agree
initials

AGREEMENT TO SOCIAL MEDIA POLICY: WARM is dedicated to the preservation and promotion of midwifery. We respect and encourage differences, debates and diversity of opinion. We also acknowledge that WARM midwives come from a variety of backgrounds, practice settings and models. This forum is dedicated to open sharing and acknowledges everyone is entitled to do so in a safe and welcomed manner. Those engaging in the group agree to communicate with one another in a kind and respectful manner. Disrespectful comments, offensive content or language and personal attacks will not be tolerated and are subject to removal.

_____ I agree
initials

AGREEMENT GRIEVANCE POLICY: Members may bring disputes, complaints or concerns to the attention of the WARM board in writing via mail or email (warmpresident@gmail.com). The Board will add the item to the agenda and invite the author to be heard at a Board Meeting. Those bringing a grievance must be prepared with accurate and substantiated evidence to support their case.

_____ I agree
initials

Form of Payment:

_____ Check enclosed (made payable to WARM)

_____ Payment made via PayPal (to warmmidwife@gmail.com) on (date) _____