



PO Box 2834 / Iowa City, IA / 52244
www.friendsofiowamidwives.org

Membership Form

Name _____

Address _____

City _____ State _____

Zip _____

Email _____

State Senator _____

State Representative _____

If you don't know your state senator or representative, find out here:
<http://www.legis.state.ia.us/FindLeg>

One year membership:

(Payable to Friends of Iowa Midwives)

_____ Friend \$60

_____ Student \$30

_____ Guardian \$120

_____ Sustainer \$250

_____ Benefactor \$1000

Please mail this form to:
Friends of Iowa Midwives
P.O. Box 2834
Iowa City, IA 52244

Thank you for joining Friends of Iowa Midwives!