



Educate. Empower. Connect.

Deep Valley Birth Collective Membership Application

All Deep Valley Birth Collective members must affirm the following statements:

- Birth is a normal, natural and healthy process (CIMS).
- World Health Organization recommends cesarean section rates to be no higher than 10-15% of all deliveries.
- Availability of vaginal birth after a C-section (VBAC) for all women. If you are a midwife or a medical provider, you will accept women with prior cesareans into your care during pregnancy and birth. If you are a childbirth educator or a doula, you will affirm that VBAC is a safe option for most women, and you will help them find providers who will support them.
- If complications arise during pregnancy, birth, or the postpartum period, medical treatments should be evidence-based. (CIMS)
- World Health Organization recommends exclusive breastfeeding up to 6 months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age and beyond.
- Out-of-hospital birth is appropriate and safe for most women, and should be available to those who desire it.

Professional Membership: \$50/yr renewing September of each consecutive year. To be considered as a professional member you must participate in the work of preconception, prenatal or postpartum care. These members must be actively participating in the collective's events and gatherings. It is a requirement that 2 meetings per year must be attended (out of 4) and one event participation per year.

Website Membership: \$100/yr renewing September of each consecutive year. To be considered a website membership this is for members who would like to have their information distributed by the collective in forms of advertising on the website, social media, and collective events.

Supporting Membership: \$20/yr as suggested if you would like to donate more please indicate on payment form.

Non-Profit Member: These memberships will be considered on a case to case basis to be determined by the executive board.



Educate. Empower. Connect.

Name: _____
Address: _____
Phone number: _____ **Email:** _____
Title/Credentials (for professional members): _____
Education, skills and relevant experience: _____

By signing below, I agree that I affirm the above statements and wish to become a member of Deep Valley Birth Collective. Dues are non-refundable. Be sure to include this form, your annual dues, and a signed copy of the Code of Conduct in your mailing. You will receive confirmation once everything has been received and processed. Professional membership is available for anyone with education/experience in the field of birth, pregnancy or postpartum. Annual membership dues are due each September 1st and renew annually. This includes listing in our online directory and voting privileges. Non-birth professionals are also welcome to join us. We realize many people share our passion, but are not birth professionals. We welcome supporting members to join and participate in our meetings, help plan events, and share their ideas with us. Supporting membership annual dues are \$20 and also due each September.

This membership is: Professional Website Supporting Non-Profit

Signature: _____ **Date:** _____

Please make checks payable to Deep Valley Birth Collective and mail to Deep Valley Birth Collective, c/o Jennifer Stuvek, 1051 Madison Ave. Suite 2 Mankato, MN 56001