



MIDWIFERY RESOURCE CENTRE CANTERBURY (INC)

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MEMBERSHIP APPLICATION FORM

Name: _____

Phone number: _____

Email: _____

Postal address: _____

Midwifery practice (LMC) / Employer (core): _____

First year of practice: _____ NZCOM membership No.: _____

Signature: _____

Date: _____

Please note:

- Membership period runs from 1st January to 31st December.
- Membership fee of \$50 is waived for the first year of practice for new graduate midwives.
- We will send you an invoice/acknowledgement on receipt of your membership form

OFFICE USE ONLY					
<i>On email list</i>		<i>On membership SS</i>		<i>On Xero contact list</i>	