

# Professional Membership Application

## 1. Choose the number of providers you would like to have listed:

- Individual: 1                     
  Small Group: 2-5                     
  Medium Group: 6-9                     
  Large Group: 10 or more

## 2. Choose the number of categories you'd like to be listed in:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Acupuncture           | <input type="checkbox"/> Doula-Birth                 | <input type="checkbox"/> Midwifery Care                          | <input type="checkbox"/> Pediatric Care             |
| <input type="checkbox"/> Breastfeeding Support | <input type="checkbox"/> Family Care                 | <input type="checkbox"/> Natural Family Living & Cloth Diapering | <input type="checkbox"/> Photography & Birth Art    |
| <input type="checkbox"/> Childbirth Classes    | <input type="checkbox"/> Family Practice Physician   | <input type="checkbox"/> Natropathy/Homeopathy                   | <input type="checkbox"/> Placenta Encapsulation     |
| <input type="checkbox"/> Chiropractic          | <input type="checkbox"/> Fertility & Family Planning | <input type="checkbox"/> Monitrice                               | <input type="checkbox"/> Prenatal/Postnatal Fitness |
| <input type="checkbox"/> Counselor/Therapist   | <input type="checkbox"/> Infant & Toddler Daycare    | <input type="checkbox"/> Nutritionist                            | <input type="checkbox"/> Registered Nurse           |
| <input type="checkbox"/> Dentistry             | <input type="checkbox"/> Infant Massage              | <input type="checkbox"/> OB/GYN                                  | <input type="checkbox"/> Reflexologist              |
| <input type="checkbox"/> Doula-Postpartum      | <input type="checkbox"/> Massage Therapy             |  | <input type="checkbox"/> Other                      |

## 3. Use your answers above to determine the appropriate membership level.

### Individual

1 PROVIDER

- Individual Basic: \$50\***  
Category Listings: 1  
 **Individual Enhanced: \$75\***  
Category Listings: 2  
 **Individual Premium: \$100\***  
Category Listings: 3 - 5

### Medium Group

6-9 PROVIDERS

- Medium Group Basic: \$300\***  
Category Listings: 1  
 **Medium Group Enhanced: \$450\***  
Category Listings: 2  
 **Medium Group Premium: \$600\***  
Category Listings: 3 or more

### Small Group

2-5 PROVIDERS

- Small Group Basic: \$100\***  
Category Listings: 1  
 **Small Group Enhanced: \$150\***  
Category Listings: 2  
 **Small Group Premium: \$200\***  
Category Listings: 3 or more

### Large Group

10+ PROVIDERS

- Large Group Basic: \$500\***  
Category Listings: 1  
 **Large Group Enhanced: \$750\***  
Category Listings: 2  
 **Large Group Premium: \$1,000\***  
Category Listings: 3 or more

SIGN UP ONLINE ⇒

[bloomspokane.com](http://bloomspokane.com)

#### 4. Provide your contact information:

The following information will appear in the listing as provided here.

Names (all providers to be included in listing): \_\_\_\_\_

\_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Description of your services: \_\_\_\_\_

\_\_\_\_\_

Please check one:  New Member  Renewing Member

#### 5. Endorse the Mother-Friendly Childbirth Initiative (MCFI):

I have read and would like to add my name as a supporter of the Mother-Friendly Childbirth Initiative created by the Coalition for Improving Maternity Services. ([www.motherfriendly.org/pdf/MFCI\\_english.pdf](http://www.motherfriendly.org/pdf/MFCI_english.pdf))

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

#### 6. Return completed application and payment to Bloom Spokane or register online:

Please return your Professional Membership Application and check made out to "Bloom Spokane" to:

Bloom Spokane  
5422 S. Garfield Street  
Spokane, WA 99223

You may also join online at: [bloomsokane.com/about/become-a-member/](http://bloomsokane.com/about/become-a-member/)

Questions? Call Tine Reese at (509) 944-0089 or email [info@bloomsokane.com](mailto:info@bloomsokane.com).

Bloom Spokane is a chapter of BirthNetwork National, a 501(c)3 nonprofit organization; all memberships are tax-deductible.

**SIGN UP ONLINE ⇒**

**[bloomsokane.com](http://bloomsokane.com)**

\* Subscription period for all memberships is one year.

Professional members are listed in Bloom Spokane's online and printed provider directories as well as on BirthNetwork's website.