



Colorado Doula Association Group Practice/Agency Membership Application

Date: _____

AGENCY/GROUP PRACTICE NAME: _____

BUSINESS PHONE: _____ FAX: _____

ADDRESS: _____

E-MAIL ADDRESS: _____ WEBSITE URL: _____

OWNERS/PARTNERS (please list primary contact first, up to three owners/partners):

LAST NAME (with titles): _____ FIRST NAME: _____

BUSINESS PHONE: _____ FAX: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

LAST NAME (with titles): _____ FIRST NAME: _____

BUSINESS PHONE: _____ FAX: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

LAST NAME (with titles): _____ FIRST NAME: _____

BUSINESS PHONE: _____ FAX: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

Is this a renewal or new membership? Renewal: _____ New: _____

Your membership fee includes **up to two listings**. (For example, you may list in two regions, or one region and a listing under Trainings.) Additional listings are \$25 for each.

Check the region(s) in which you would like to be listed:

- Northwest Mountains
- Northern Colorado
- Eastern Plains
- Boulder
- Denver
- Western Slope
- Central Mountains
- Colorado Springs
- Southwest Mountains
- Southeastern Plains

Does your agency provide trainings? (\$25 additional fee) Please indicate what type of trainings and which certifying organization accredits them.

Please describe your services in 400 characters or less. This description will be posted on all your listings. Descriptions exceeding limit will not be listed. You may email your description to website@coloradodoulas.com if you wish.

Basic annual CDA Membership (includes up to 2 listings):	\$120.00
Additional listings (\$10 each)	\$ _____
Trainer listing (\$25 each)	\$ _____
Total	\$ _____

**Please mail your application to: Colorado Doulas Association
122 Vista Lane
Louisville, CO 80027**

Please allow 2 weeks from the date we receive your application for your listing(s) to be posted to the Colorado Doulas Association website.

Please indicate any committee(s) on which you would like to participate:

Marketing Childbirth Reform Membership Fundraising Publications Events

Do you give permission to share your information with related perinatal and postpartum businesses? Yes / No

Do you give permission to receive periodic mailings from the Colorado Doulas Association? Yes / No

Thank you for supporting the Colorado Doulas Association!