



Colorado Doula Association Individual Membership Application

Date: _____

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

BUSINESS PHONE: _____ FAX: _____

ADDRESS: _____

E-MAIL ADDRESS: _____ WEBSITE URL: _____

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

Are you a member of a national doula organization? Yes / No

If yes, which organization(s)? _____

Are you a certified doula: Yes / No If yes, by which organization(s)? _____

*Your membership fee includes up to **four listings**, e.g. two geographical areas and two practice specialties. If you wish to be listed in additional areas or with more practice specialties, please enclose \$10 for each additional listing.*

Please check the doula practice specialty/specialties under which you would like to be listed on the CDA Website Directory. (Check here if you do NOT wish to be listed.)

- Labor & Birth Doula
- Postpartum Doula

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

Please check below and specify your credentials or specialty, if applicable.

- Birth Professional:

(CNM, MD, RM, RN, Student, etc.)
- Educator:

(Pregnancy, Childbirth, Parenting, CPR, etc.)
- Lactation Professional:

(IBCLC, CLC, LLL, LE, etc)
- Other Professional:

(DC, CMT, Fitness, etc.)

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.

Would you like to be listed as a trainer? (\$25 additional fee) Please indicate what type of trainings you teach and specify which certifying organization accredits your trainings.

Basic annual CDA Membership (includes up to 4 listings):	\$40.00
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!