



Membership Application

Please complete the following as you would like your bio to appear on our website:

Name: _____

Business Name: _____

Phone: _____

E-mail: _____

Website: _____

Geographical Area Served: _____

Services Provided: _____

Certification(s): _____

Personal Statement: (may be edited for spacing) _____

Please complete for DoRI use only; the following will not appear on the website:

Phone: _____(H)_____ (C)

Address: _____

What do you hope to get from DoRI? Check as many as you like.

- | | | |
|------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Education | <input type="checkbox"/> Back-Up | <input type="checkbox"/> Support of other doulas |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> CEUs | <input type="checkbox"/> Other _____ |

DoRI has a mentor program for new doulas; would you like to be matched with a mentor? Y N

DoRI Leadership Position/Committee Interests - you may check more than one.

- | | | |
|---|---|--|
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer | <input type="checkbox"/> By-Laws Committee |
| <input type="checkbox"/> Education | <input type="checkbox"/> Membership | <input type="checkbox"/> Webmaster |
| <input type="checkbox"/> Publicity Manager | <input type="checkbox"/> Grant Programs | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> DoRI Event Coordinator | <input type="checkbox"/> Advertising | <input type="checkbox"/> International Doula Month |

Annual Dues: \$25.00 September 1 - March 1; \$15 March 2 - August 31;

■ Please submit a copy of signed certificate of completed doula training or certification.

Make checks payable to Doulas of Rhode Island and mail to:

Severine Degnan 265 Essex Road North Kingstown, RI 02852