

**\*Augusta Birth Network CONSUMER Membership Application \***



Name:	
Address:	
City:	
State:	
Zip Code:	
Phone:	
Other Phone:	
Email:	

**Please check one**

- New Member**
- Renewing Member**

**GEORGIA: Augusta Birth Network (ABN)**

*I have read and would like to add my name as a supporter of the (MFCI) Mother-Friendly Childbirth Initiative created by the Coalition for Improving Maternity Services.*

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

**Benefits include:** the ABN local chapter meetings, access to our lending library, an annual copy of The Guide to a Healthy Birth, discounts to ABN conferences and events, *and the opportunity to be a part of a movement to improve maternity care in your own community.*

- Please check the following boxes if you are interested in volunteering with Augusta Birth Network**

Please return with your check made payable to **ABN**  
 Mail it to: **Augusta Birth Network**  
**c/o Lynn Reed, 3124 Greensboro Way, Augusta, GA 30909**

You may also join online at [AugustaBirthNetwork.org](http://AugustaBirthNetwork.org)  
 Questions? Call 706-833-5101 or email [AugustaBirthNetwork@comcast.net](mailto:AugustaBirthNetwork@comcast.net)

*ABN appreciates your dedication to improving maternity care & look forward to supporting you in your effort to learn about and support mother-friendly care.*

<p>(ABN use only)</p> <p><b>PAID: \$</b></p> <p><b>CHECK or CASH</b></p> <p><b>DATE:</b></p>
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