

Postpartum Support International of Washington

Membership Application

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Place of Business: _____

*Email Address: _____

**Please be sure to include email address, as all communication with PSI of WA is conducted electronically unless otherwise requested.*

Type of Membership (please check one):

Professional (\$100/year): _____ Supporting (\$50/year): _____

Date Joined (for renewal purposes) _____

Are you interested in learning more about volunteer opportunities with PSI of WA? _____

If you are applying for Professional Membership, are you interested in applying to be included on our Provider List?

Yes: _____ No: _____

If yes, application materials will be sent under separate cover.

Please complete this form and send with your check or money order payable to PSI of WA:

Postpartum Support International of Washington
Attn: Membership Coordinator
PO Box 15535
Seattle, WA 98115

Thank you for supporting us as we work toward helping all Washington parents and their babies thrive.

PO Box 15535, Seattle, WA 98115 1-888-404-PPMD (7763) www.ppm-support.com