

Discipline/Affiliation:

Employer or Agency:

Employer Address:

Recruited by:

Areas of interest:

☐ education ☐ advocacy
☐ mentoring ☐ networking

Annual application for:

☐ new ☐ renewal membership
(\$35)
☐ undergraduate student
membership (\$20)

Make checks payable to:
North Carolina Perinatal
Association

PO Box 99631
Raleigh, NC 27624

MEMBER BENEFITS

Open to ALL disciplines

- Discounted NC/SC Perinatal Partnership conference registration fee
- Consolidated listing of local and national webinars and other continuing education activities
- Access to Members-only content on the website, including periodic education, job postings, advocacy updates, and networking opportunities
- Free annual dues for recruiting three new members
- Student mentorship in the field of perinatal health
- Opportunity to participate in NCPA committees

CONTACT US

PO Box 99631
Raleigh, NC 27624

info@ncperinatalassociation.org
www.ncperinatalassociation.org



**NORTH
CAROLINA
PERINATAL
ASSOCIATION**

Join today!



WHO WE ARE

The North Carolina Perinatal Association was formed in 1985 as a non-profit organization to improve perinatal health for childbearing families throughout the state.

With a multidisciplinary approach, NCPA provides leadership, education, and advocacy for healthy mothers and healthy infants through partnerships with state, regional, and local resources.

AREAS OF FOCUS

Perinatal education

The Association supports efforts to advance knowledge and evidence-based health care practices of professionals in North Carolina.

Perinatal advocacy

NCPA networks with other organizations to publicize current NC and national perinatal legislative and health policies for members to engage and influence their elected representatives.

Networking & recognition

"Baby Bootie" awards are presented bi-annually to businesses, individuals and teams who have furthered the mission of improving perinatal health in the state. Networking opportunities are available at the annual conference and in online, members-only forums.



Join or renew today by accessing the application online and using Paypal at our website: www.ncperinatalassociation.org, or you can join or renew by completing this form and mailing it in with your check.

Please complete both sides then remove and send in this panel.

Name

Preferred email address:

Home address:

County:

Phone Number:

Date of Birth: ____/____/____
Month / Day