



doula
Association
of Edmonton

Membership Form

Please start my one-year membership to the Doula Association of Edmonton. I have enclosed a \$50 cheque or money order. **The price of membership is the same whether or not you become a member in September or March.**

Name: _____ Phone: _____

Address: _____ Cell: _____

City: _____ Postal code: _____

Email: _____

Mail your cheque payable to Doula Association of Edmonton, to:

Doula Association of Edmonton
Box 3384, Main P.O.
Sherwood Park, AB T8H 2T3

Membership is for one year April-April. Please contact DAE at 780-945-8080 or info@edmontondoula.org for further information. Your name will be added to the membership google group list and have access to the members-only section of our website. We are looking forward to seeing you at the DAE meetings!