

## NABCC LEVEL THREE, FOUR OR FIVE MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

|                  |             |  |
|------------------|-------------|--|
| Name:            |             |  |
| Date of birth:   | Cell Phone: | Other Phone:                                 |
| Current address: |             |  |
| City:            | State:      | ZIP Code:                                    |
| Race/Ethnicity   |             | Picture ID attached <input type="checkbox"/> |

### PRACTICE INFORMATION

|                     |         |                       |
|---------------------|---------|-----------------------|
| Practice Name:      |         |                       |
| Practice address:   |         | How long in practice? |
| Phone:              | E-mail: | Fax:                  |
| City:               | State:  | ZIP Code:             |
| Executive Director: | Owner:  | Your Position:        |

Please describe the racial/ethnic breakdown of the clientele of your practice by percentage

Please describe the racial/ethnic breakdown of the employees of your practice by percentage

### MEMBERSHIP

|                               |      |               |
|-------------------------------|------|---------------|
| Type of membership requested: | Fee: | 201__ - 201__ |
|-------------------------------|------|---------------|

### AGREEMENT

As a member of NABCC I agree to comply with the annual reporting requirements including:

- 1) Release and/or reporting your clinic/ birth center's/ practice demographics confirming that you are serving 30% or more of women of color.
- 2) Maintain and keeping current licensure and/or certification in the state where you practice.
- 3) Furnish copies of your current license and/or certification in the state where you practice
- 4) Comply with your state or local guidelines
- 5) Comply with your state or local standards of practice

### SIGNATURES

|   |       |
|---|-------|
| Electronic or written signature of applicant: | Date: |
|---|-------|

National Association of Birth Centers of Color  
 213 S. Dillard St, Suite 340  
 Winter Garden, FL 34787  
 info@birthcentersofcolor.com  
 Please return form via email or mail with supporting documents