



## KPA Membership Form and Registration for Annual Meeting

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Profession (circle one)    MD    NP    RN    PA    SW    CNM    Other

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Institutional Affiliation \_\_\_\_\_

**Form of Payment** (Please check one): (\$50 Membership Dues)

\_\_\_\_\_ Please send invoice

\_\_\_\_\_ Check is in the mail

\_\_\_\_\_ Will attend Annual Meeting in June 2009

Please make check payable to: **Kentucky Perinatal Association** and mail this registration form to:

Gary L. Walls  
Executive Director KPA  
P.O. Box 577  
Shelbyville, KY 40066