



The Childbirth Education Association, Inc.
PO Box 1074
State College, PA 16804
(814) 237-4232

Membership Application

Name _____ Spouse Name _____

Children's Names and Birthdays _____

Address _____

Phone _____ Email Address _____

\$10 I want to be an active member and receive the monthly Incessant Newsletter, notice of special events, voting privileges at meetings, and discounts on classes. I would like more information about the following committees/activities and how I may be able to help: (Please circle any you are interested in)

Class Assistant	Train to be a Prepared childbirth teacher	AAUW Book Sale	
One Stop Holiday Shop	Fundraising	Personnel Committee	Newsletter Committee
Social Committee	Children's Holiday Party	Monthly Mother's Groups	

\$10 I am not able to be an active member of CEA at this time but would like to receive the newsletter. Please contact me in _____ months about how I can volunteer!

I would like to donate \$_____ to CEA. I am not interested in becoming an active member with CEA.

Please Mail to:
CEA
PO Box 1074
State College, PA 16804