

# Doulas of Greater St. Louis Membership Form

(revised August 2008)

Please print this form and complete. You may mail this form with your dues to our membership coordinator or bring it with you to any DGSL bi-monthly meeting. Checks can be made payable to: "Doulas of Greater Saint Louis".

To obtain the current mailing address, or if you have any questions, please call (314) 603-9035 or email membership@doulasofgreaterstlouis.com.

Name: \_\_\_\_\_ Title(s): \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

## Certification Status:

Student Doula - Training Organization: \_\_\_\_\_

Certified Doula - Certifying Organization: \_\_\_\_\_

Experienced, Non-Certified Doula

## Preferred doula work:

Birth Doula

Postpartum Doula

Both

## Type of Membership:

DGSL only \$30.00

DGSL + DONA International \$55.00

DGSL + Web page \$60.00

DGSL + DONA + Web page \$85.00

All memberships include a listing on the DGSL website directory. DGSL + DONA memberships allow you to join or renew your DONA membership through DGSL. Memberships with a Web page allow you to have a bio page on the DGSL website.

Are you interested in having someone as a mentor? \_\_\_\_\_

Are you interested in being a mentor? \_\_\_\_\_

I, \_\_\_\_\_, verify that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Directory Page Information

Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Email Addresses: \_\_\_\_\_

External Website Link (if applicable): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Applicable Certifications, Trainings, or Specialties:

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I, \_\_\_\_\_, authorize this information to be made available on the directory webpage of the <http://www.doulasofgreaterstlouis.com> website.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Doulas of Greater St. Louis Personal Webpage Setup

If you are paying for a webpage on the DGSL website please complete this form and return it with your membership form.

The following items are the standard items included on the webpage. If you wish to omit any of these, please skip that item. If you have additional items to add to your webpage please include them on the back of this page or on an additional sheet.

For ideas, feel free to check the other doulas' webpages at [www.doulasofgreaterstlouis.com/directory.html](http://www.doulasofgreaterstlouis.com/directory.html)

Area Served:       All Greater St. Louis       St. Louis City and County Only  
                          St. Charles County Only       Jefferson County Only  
                          Illinois Suburbs Only       Other: \_\_\_\_\_

Number of Clients Per Month: \_\_\_\_\_

Standard Disclaimer: If I am booked for the month that you are due, I will help you find another doula who will support the choices you are making for your upcoming birth.

Here's more about my qualifications and experience:

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Here's more about my doula practice:

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Webpage Photograph:

Doulas of Greater St. Louis will also host an image to be included on your webpage. If the image that you would like to use includes someone other than yourself, please have that individual or their guardian, complete the enclosed Photograph Release Form, and return it with your Website Setup form.

Once your Website Setup form reaches our membership coordinator, it will be forwarded onto our website administrator. Our website administrator will contact you by email to obtain your picture.

# Douglas of Greater St. Louis Photograph Release Form

If you are paying for a webpage on the DGSL, you may include one photo for use on your page. If the image that you would like to use includes someone other than yourself, please have that individual or their guardian, complete this Photograph Release Form, and return it with your Website Setup form.

I hereby grant Douglas of Greater St. Louis the irrevocable right and permission to publish, on their website, the photograph that was taken of me, or of a minor for which I am the parent or legal guardian.

I hereby release and discharge Douglas of Greater St. Louis from any and all claims, actions and demands arising out of, or in connection with, the use of said photographs, including, without limitation, any and all claims concerning invasion of privacy and libel. This release shall inure to the benefit of the assigns, licensees and legal representatives of Douglas of Greater St. Louis.

Please select one of the following:

I am the subject of the photograph, I am over the age of eighteen years, and I have read the foregoing and fully and completely understand the contents.

I represent that the subject of the photograph is a minor, that I am the parent or legal guardian of the minor, and that I have read the foregoing and fully and completely understand the contents.

\_\_\_\_\_  
Subject or Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print both Subject's and Parent's Name (if necessary)

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_