

DOCTORAL MIDWIFERY RESEARCH SOCIETY
MEMBERSHIP FORM

If you wish to become a member of the Doctoral Midwifery Research Society, please complete the details below and return to:

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Name: _____

Address: _____

Contact telephone number: _____

Do you hold a PhD? Yes No

Please provide the following details about your thesis:

Title: _____

Name of Awarding University and Year of Graduation:

Research Interests: _____

Which research interest group are you interested in?

Technology Motivational Instruction

Which category of membership are you applying for?

Full membership Affiliate membership
Special interest group membership