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## Application for a University Midwifery Society to Affiliate with a RCM Branch

For the attention of the Branch Governance Committee

(To be completed by a Branch Officer, Midwifery Society Chair, RCM Regional/National Officer or  
Organiser)

(please use BLOCK CAPITALS)

**Name of Midwifery Society:**

Name(s) of Branch which Midwifery Society seeks to affiliate with:

Are 75% of members of Midwifery Society RCM members? Yes/No

Has the University Student Union agreed to the affiliation? Yes/No

Does the Branch support the affiliation? Yes/No

Name of person completing the Application:

Designation (Branch Officer, Midwifery Society Chair, Regional /National Officer/Organiser):

Contact email address:

Date:

Please return to [Branch.Governance@rcm.org.uk](mailto:Branch.Governance@rcm.org.uk)