

**Membership Application for
Inland Empire Perinatal Advisory Council (IEPAC) /
East Desert Perinatal Advisory Council (EDPAC)**

Includes membership in the permanent subcommittee, the
Inland Empire Perinatal Quality Care Consortium (IEPQCC)

Date _____

1. Name/Title _____

Institution/agency _____

Specialty Area _____

Mailing Address (please print) _____

Phone _____

Fax _____

Email address _____

2. I would like to be listed as one of the active members for my agency. **Yes** ____ **No** ____
3. I understand that being “active” means attending at least two IEPAC and/or EDPAC meetings per year and/or participating on an subcommittee, such as the **Inland Empire Perinatal Quality Care Consortium (IEPQCC)**.
4. My agency **has/has** not been previously represented on the Perinatal Advisory Council (including IEPQCC).
5. As an **IEPAC/EDPAC** Member, I will receive the meeting minutes, announcements of related educational programs, and the statewide Regional Perinatal Programs of California (RPPC) Newsletter, *Perinatal Care Matters*. I will have full voting privileges and will be expected to share meeting information and handouts with the appropriate people at my institution/program. The meetings are usually free of charge and include an educational portion as well as a business meeting.

Signature _____

Please return application to:
Inland Counties regional Perinatal Program
Loma Linda University Medical center
PO Box 2000
11215 Mountain View Plaza, Suite 185
Loma Linda <CA 92354
Phone: (909) 558-3971 or (909) 558-3973
Fax: (909) 558-3935
E-mail: fsnavely@ahs.llumc.edu or jneergaa@ahs.llumc.edu