

ISANDS
Irish Stillbirth and Neonatal Death Society

MEMBERSHIP FORM 2008

Please print clearly

Name(s) _____

Address _____

County _____

Tel _____ **eMail address** _____

Please tick if Membership is:

New _____ **Renewal** _____

Parent _____ **Professional** _____ **Other** _____

Baby's Name _____

Baby's Date of Birth _____ **Baby's Date of Death** _____

Cause of Stillbirth or Neonatal Death (if known)

All information received is confidential

I enclose a cheque/postal order for €15(€7 for unwaged and OAP's) payable to ISANDS for membership for 2008.

If paying by Standing Order: Name on Bank Account _____

Please send to:

ISANDS, Carmichael House, 4 North Brunswick St, Dublin 7

If you do not want to receive any further information please tick box