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| **Affiliated with**  **IRISH ASSOCIATION FOR C:\Users\Nuala\Desktop\I.M.H\Communications\WAIMH_logo_for_WEB.jpg**  **INFANT MENTAL HEALTH** Membership Application |

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| **Name:** |  |
| **Address:** |  |
| **Telephone No:** |  |
| **Email:** |  |
| **Date of Application:** |  |
| **Qualification(s)/ Training:** |  |
| **Employing Agency:** |  |
| **Professional Role:**(Include brief description) |  |
| **How did you hear about this Association?** |  |
| **Experience to date re: IMH** |  |
| **Would you be willing to join a sub- group for specific time limited projects e.g Fund raising, PR, Training, Membership Inclusion? Indicate area of interest.** |  |

**Membership Fee: €25 via Paypal on** [**www.iaimh.ie**](http://www.iaimh.ie) **or cheque/postal order payable to Irish Association for Infant Mental Health. Send form & payment to: Mary Fanning, IAIMH Membership Secretary, c/o 25 Sutton Downs, Sutton, Dublin D13TOX8.**