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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 2019 |

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| **Name:** |  |
| **Address:** |  |
| **Telephone No:** |  |
| **Email:** |  |
| **Date of Application:** |  |
| **How did you hear about IAIMH?** |  |
| **Would you be willing to join a sub- group for specific time limited projects e.g Fund raising, PR, Training, Membership Inclusion?** **Do you consent to us contacting you in relation to this?** | Yes/ NoYes/ No |
| **I have read, understand and accept the IAIMH privacy statement:** | Yes/ No |

**Membership Fee: €30 via Paypal on** [**www.iaimh.ie**](http://www.iaimh.ie)

*Please note that I-IAMH will not share any of the information above with any third parties*