



**Stillbirth And Neonatal Death Support (Qld) Inc**  
including miscarriage support

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**MEMBERSHIP APPLICATION / RENEWAL FORM**

**Ordinary Membership:** Bereaved parents and their families including family members living at home  
**Associate Membership:** Professionals and community individuals/groups who have an interest in SANDS (Qld) Inc.

**Annual SANDS (Qld) Inc membership is \$30 (inc GST); however in case of hardship a donation is accepted.**

Please circle where appropriate:

**NEW MEMBER**

**MEMBERSHIP RENEWAL**

**CHANGE OF ADDRESS**

I wish to:

- apply for ORDINARY MEMBERSHIP (with newsletter)
- apply for ORDINARY MEMBERSHIP (without receiving newsletter)
- apply for ASSOCIATE MEMBERSHIP (with newsletter)
- renew my membership
- NOT become a member or renew membership of SANDS (Qld) Inc at this time
- update my address as detailed below

Your loss:  MISCARRIAGE  STILLBIRTH  NEONATAL DEATH  
 INTERRUPTION OF PREGNANCY (Abnormality)  OTHER \_\_\_\_\_

NAME Mr Mrs Ms Dr \_\_\_\_\_  
PARTNERS NAME Mr Mrs Ms Dr \_\_\_\_\_  
POSTAL ADDRESS \_\_\_\_\_ POSTCODE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ POSTCODE \_\_\_\_\_  
TELEPHONE HOME ( ) \_\_\_\_\_ TELEPHONE WORK ( ) \_\_\_\_\_  
MOBILE NO \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ I WISH TO RECEIVE MY NEWSLETTER VIA EMAIL YES / NO

*\*I agree to abide by the Constitution of SANDS (Qld) Inc. Signed \_\_\_\_\_ Date \_\_\_\_\_*  
*(A copy of the SANDS Constitution is available by ringing SANDS House.)*

Cheque / Money Order for \$ \_\_\_\_\_ payable to SANDS (Qld) Inc. enclosed  
**OR**  
 Please charge my MASTERCARD / VISA / BANKCARD Total amount \$ \_\_\_\_\_ Exp Date \_\_\_/\_\_\_  
My full card number is \_\_\_\_\_  
Cardholder's Name \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_

**DONATIONS**

I/We would like to make a donation to SANDS (Qld) Inc of \$ \_\_\_\_\_  
(If donation is in memory of a baby and you'd like this mentioned in the newsletter, please let us know here  
\_\_\_\_\_. The amount of your donation will be confidential.)  
 I/We would like to donate the following goods / services to SANDS (Qld) Inc \_\_\_\_\_  
 Receipt for donations required? Yes / No

**VOLUNTEER REGISTRY**

SANDS (Qld) Inc relies on the assistance of volunteers to continue offering support and services to bereaved parents, their families and carers. If you do have a specific area of interest or skills that you think may help, please make a note of it here so that we can contact you. We really appreciate any help you can give.

- LISTENING
- NEWSLETTER ARTICLES
- FUNDRAISING
- HOSTING SUPPORT MTGS
- PUBLIC SPEAKING
- PUBLIC RELATIONS
- OTHER \_\_\_\_\_

**MEMBER SURVEY**

Please indicate the SANDS (Qld) Inc services you have used in the last 12 months:  
\_\_\_\_\_  
Please indicate the SANDS (Qld) Inc services you have found most helpful:  
\_\_\_\_\_  
Your comments \_\_\_\_\_

**PLEASE PRINT THIS FORM, FILL OUT AND MAIL OR FAX TO SANDS Qld. Inc.**  
**Please do not email credit card details.**

Mutual support, information, education and advocacy for parents and families who experience the death of their baby through miscarriage, interruption of pregnancy for abnormality, stillbirth, neonatal death and other reproductive losses.