

# Consent Form (Membership)

**FULL NAME OF PERSON:**

Title

First Name

Surname

**FULL POSTAL ADDRESS:**

House Name or Number

Street

Town/City

County

Post Code

Country

Nationality

1. I agree to become a Company Member of Sands (Stillbirth and Neonatal Death Society), Company Number 2212082, on the terms of the Articles of Association of the company in force from time to time.
2. I undertake that if the Company is wound up whilst I am a Company Member or within one year after I cease to be a Company Member, I will contribute up to £1 towards the wind up costs and any liabilities of the Company which were contracted whilst I was a Company Member.
3. I **do/do not** [delete as applicable] consent to receive information and documents from Sands via e-mail.

**SIGNED:** \_\_\_\_\_

**NAME: (block capitals)** \_\_\_\_\_

**Date:** \_\_\_\_\_

**E-mail**

[please provide us with the email address you would like us to use if consenting to (3) above]

**Please complete and return to:** The Company Secretary, Stillbirth and Neonatal Death Society ("Sands"), Victoria Charity Centre , 11 Belgrave Road, London. SW1V 1RB

**For Office Use:** Sands Membership Number **M**