

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"), 3rd Floor, Portland Place, London W1B 1LY

For Office Use:

Sands Membership Number

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