



Membership Application Form

Name:

(Both Partners-Block Capitals)

Address

Phone Number: _____ e-Mail: _____

Signature: _____

(Both Partners)

Date: _____

Membership Fee: €40

Please forward Infertility Book

We wish to be informed of facilitated meetings held by NISIG

We wish to receive back issues of NISIG newsletters

On receipt of Application form you will be placed on our mailing list for our quarterly newsletter.

Should you wish to receive information on a specific subject, we will endeavour to provide you with same.

Our group is strictly confidential and any information we receive will be treated accordingly.

National Infertility Support and Information Group
P.O Box 131, Togher, Cork. **Tel:** 1890 647444 (Lo-Call)
Lo-call telephone line open from 7pm - 9pm (Mon - Fri)
Mobile 00 353 87 7975058 (anytime)

E-mail: nisig@eircom.net

www.infertilityireland.ie

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