



# Renewal Membership Form

Name:

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**(Both Partners-Block Capitals)**

Address

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Phone Number: \_\_\_\_\_ e-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_

**(Both Partners)**

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

Renewal Membership Fee: €20 annually.

\_\_\_\_\_ We wish to be put in contact with our nearest branch of NISIG

\_\_\_\_\_ We wish to be put in touch with the sub-group 'Living life without children'

\_\_\_\_\_ We wish to be put in contact with the Donor Conception Group

Thank you for renewing your membership. Your experience and input will be of valuable help to others. We all need help from others.

**National Infertility Support and Information Group**  
P.O Box 131, Togher, Cork. **Tel:** 1890 647 444 (Lo-Call)

**E-mail:** [nisig@eircom.net](mailto:nisig@eircom.net)

**New!!** [www.infertilityireland.ie](http://www.infertilityireland.ie)

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