

ISPID Membership Application Form

International Society for the Study and
Prevention of Infant Death (ISPID) e.V.
c/o Dr. Martin Schlaud
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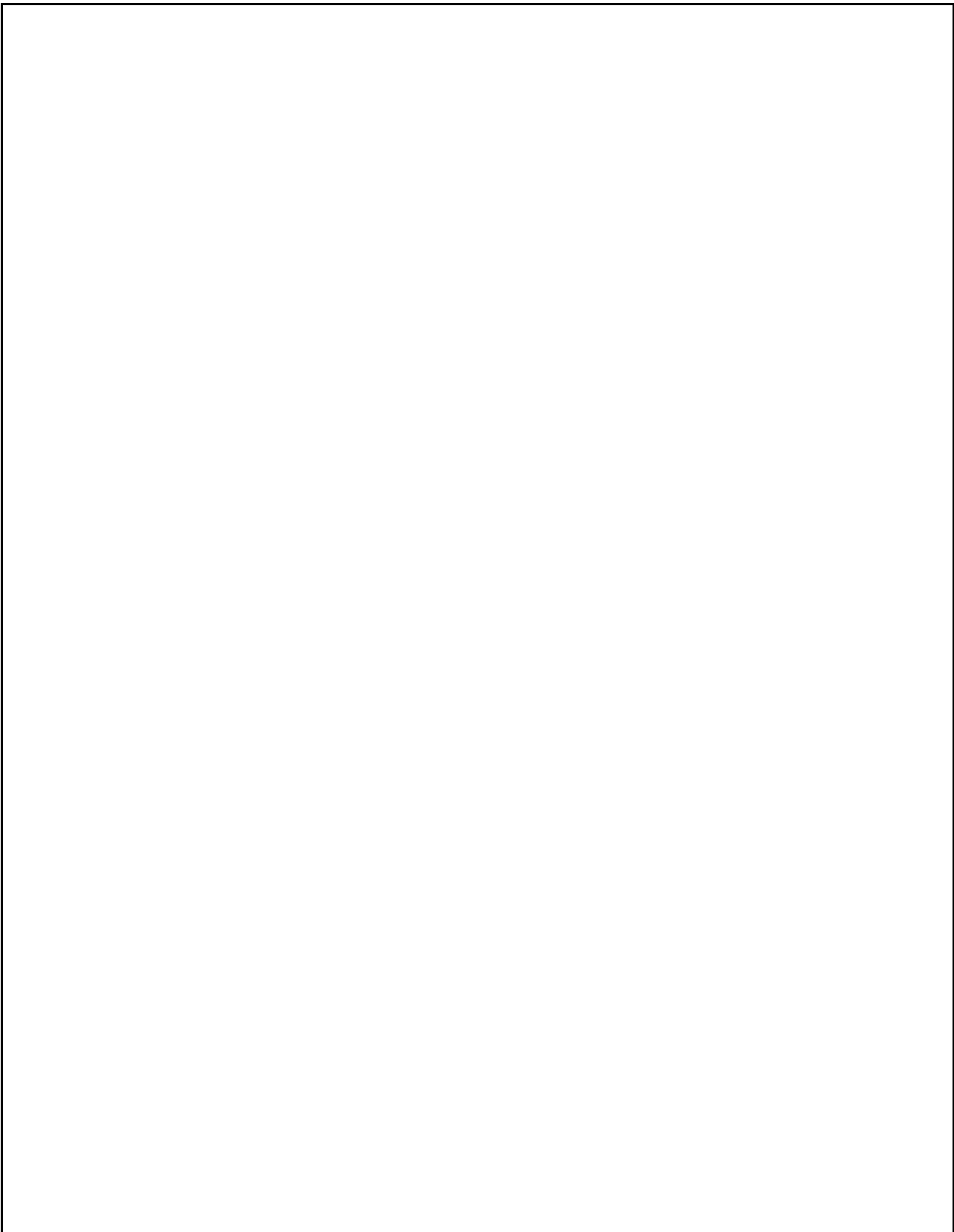
Telefax number: (+49) 3018 / 10-754-3437

Gender: female <input type="checkbox"/> male <input type="checkbox"/> Organisation <input type="checkbox"/> <i>(please indicate as appropriate, and print or type)</i>	
Family name:	First, middle name:
Academic title: Professor <input type="checkbox"/> Dr <input type="checkbox"/> 	Date of birth:
Institute or organisation:	
Address:	
.....	
.....	
Phone No.:	Telefax No.:
E-mail:	
Web site:	

I wish to become a | Personal Member | Corporate Member | of the International Society for the Study and Prevention of Infant Death. I accept the ISPID Bylaws.

This ISPID member supports my application:

My CV/resume and list of publications (if applying for personal membership) or details of the organisation I represent (if applying for corporate membership) are provided on the next page:



.....
Date

.....
Signature