



Pregnancy Loss and Infant Death Alliance

Support :: Advocacy :: Awareness :: Resources

New Membership and Renewal Application

We invite you to be a member of the *Pregnancy Loss and Infant Death Alliance*. Our organization is for people who are passionate about bereaved parent support, education and awareness, or advocacy around the emotional aspects of pregnancy loss or infant death.

What is PLIDA?

- ◆ We are a national, multi-disciplinary organization of practitioners and parent advocates.
- ◆ We focus on the emotional aspects of perinatal death and grief.
- ◆ We provide support, education, and networking opportunities for practitioners and advocates.
- ◆ We promote comprehensive and compassionate care from diagnosis through the reproductive and parenting years.

PLIDA Goals

- ◆ Recommending/endorsing standards of care.
- ◆ Promoting increased awareness and research.
- ◆ Informing public and institutional policy.
- ◆ Recommending professional competencies.
- ◆ Providing a clearinghouse for information and resources.

Membership is open to all those who align themselves with PLIDA's mission and goals.

Members receive a discount on Conference registration, E-news, Resources List and Proposition Statements updates, and networking opportunities. New members receive two PLIDA pins.

Membership is \$75 per person and is good for up to two years, from when you join until opening registration for the next National Perinatal Bereavement Conference. Membership renewal is available during the registration period for the next Conference which is scheduled for during the Fall of even calendar years.

Renewing member New member

- Make check payable to PLIDA and mail with completed application to address below.
 VISA/MasterCard accepted. Complete application with credit card/billing information and either fax (303-649-9320) or mail to address below.

PLIDA
P.O. Box 658
Parker, CO 80134

Member/Shipping Information

Member Name _____

Mailing address _____

City _____ State/Province _____

Zip _____ Country _____

E-Mail _____

Daytime phone _____

Agency Affiliation (if applicable) _____
(Name of hospital, organization, university, etc.)

Credit Card/Billing Information

Card Holder Name _____

Card # _____ Expiration Date _____

3-Digit Security Code (found on back of credit card) _____

Authorized User Signature _____

Individual/Organization _____

Billing Address _____

City _____ State _____ Zip _____

Check Amount/Credit Card Charge

Membership: _____

Donation: + _____

Total Amount: = _____

I am joining PLIDA in loving memory of:

Member Profile

Please circle all that apply to you:

BA/BS BSW CNM LCSW LMFT MA/MS MD MSW PhD PsyD RN

Other degree(s): _____

Profession

- | | |
|-----------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Bereaved Parent/Gandparent | <input type="checkbox"/> Medicine |
| <input type="checkbox"/> Parent Adovcate | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Education | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Funeral Director | <input type="checkbox"/> Clergy |
| <input type="checkbox"/> Genetic Counselor | <input type="checkbox"/> Other (please specify): _____ |

Area of Specialty

- | | |
|------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Perinatology |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> Community Health |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Infant Development |
| <input type="checkbox"/> Neonatology | <input type="checkbox"/> Reproductinve Health |
| <input type="checkbox"/> Ob/Gyn | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Other (please specify): _____ |

Primary Duties

- | | |
|-----------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Parenting | <input type="checkbox"/> Research |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Supervision |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Student |
| <input type="checkbox"/> Education | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Patient Care | |

Please list if you are affiliated with any other perinatal bereavement organization(s):

I am joining PLIDA with a special interest in the following area(s):

I am interested in more information about the following PLIDA membership committee(s):

- Conference
- Education and Resources
- Membership Development
- Marketing and Communication
- Funding and Development

Do you have special talents or areas of expertise you would like to share with PLIDA?
(e.g., graphic design, web design, grant writing, networking, fund raising, membership services,
public relations, conference organizing, administration, resources and literature research)
