



Pregnancy Loss and Infant Death Alliance

Supporting those whose work supports bereaved families

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. *Membership is open to all those who align themselves with PLIDA's mission and goals (www.plida.org)* Membership is \$65 per person per year (July 1-June 30). Discounts (cost is \$50) are available to students (full time post-secondary) and seniors (65 and older) with documentation. For those joining after January 1, the cost is \$40 until June 30th.

New members receive two PLIDA pins. Members receive a discount on our Biennial Conference registration; E-news; Resources List and Position Statements updates; and networking opportunities.

Date Submitted: _____

- Renewing member New member
- Make check payable to PLIDA
- VISA/MasterCard/AMEX/Discover accepted. Complete application with credit card/billing information

Mail to following address

PLIDA

P.O. Box 658
Parker Co. 80134

Toll-free 1-888-693-1435
Fax 1-866-705-9261

Member/Shipping Information

Member Name

Mailing address

City

State/Province

Zip/Postal Code

Country

E-Mail

Daytime phone

Agency Affiliation (if applicable)

(Name of hospital, organization, university, etc.)

Please list your credentials as you would want them displayed:
i.e. (RN, MSW, PhD)



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Member Name:

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/Province

Zip

Check Amount/Credit Card Charge

Membership Total:

I give permission for PLIDA to include my name/email/job title in the "members only" networking database

Yes ___ **No** ___

Member Profile

Profession (may choose more than one option)

- Medicine
- Parent Advocate
- Nursing
- Administration
- Social Work
- Education
- Psychology
- Funeral Director
- Clergy
- Counselor
- Researcher
- Other (please specify): _____

Area of Specialty

- Perinatology
- Family Practice
- Community Health
- Genetics
- Infant Development
- Neonatology
- Reproductive Health
- Ob/Gyn
- Pathology
- Pediatrics
- Perinatal Hospice
- Other (please specify): _____

Do you have special talents or areas of expertise you would like to share with PLIDA? (e.g., graphic / web design, grant writing, networking, fundraising, membership, public relations, conference organizing, resources)
