Professional Membership Application

Thank you for your interest in becoming an Professional Member of First Candle/SIDS Alliance. Please send your application and a check payable in the amount of $100 to:

First Candle/SIDS Alliance, 1314 Bedford Avenue, Suite 210, Baltimore MD 21208.

CONTACT INFORMATION

Name & Title:____

Organization:____

Address:____

Phone:_______________________Fax:_________________________

Email: ______________________Website:______________________

Preferred Listing in Directory:_____________________________

BACKGROUND INFORMATION

What is your area of expertise?

- ❑ Childcare Provider
- ❑ Clergy
- ❑ Counseling/Psychology
- ❑ Infant Health/Survival Advocate
- ❑ Medical Examiner
- ❑ Medical Researcher
- ❑ OB/GYN
- ❑ Pediatrician
- ❑ Primary Care Physician
- ❑ Public Health Nurse
- ❑ Registered Nurse
- ❑ SIDS/OID Service Program
- ❑ Social Worker
- ❑ Other ____________

Do you operate a support group or peer contact program in your area?

❑ Yes ❑ No

If yes, can we provide referrals to you?

❑ Yes ❑ No

If no, are you interested in operating a support group or peer contact program in your area?

❑ Yes ❑ No

What geographic area do you cover?

____

What are your key areas of interest?

- ❑ Bereavement Support Services
- ❑ Childcare Programs
- ❑ Death Scene Protocols
- ❑ Diverse Populations
- ❑ Medical Research
- ❑ National Advocacy
- ❑ National Conference
- ❑ Professional Education
- ❑ Public Education
- ❑ State-Level Advocacy
- ❑ Other ____________
- ❑ Other ____________
- ❑ Other ____________

Name:____

Signature:__________________________________ Date:____________

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