



MEMBERSHIP FORM

- Would like to become a member of Cuidiu
- Interested, would like a free info pack
- Would like to renew my membership

NAME: _____ DATE: _____

ADDRESS: _____

TEL: _____ MOBILE: _____ E-MAIL: _____

WHAT ARE YOU INTERESTED IN GETTING FROM THE GROUP? _____

ARE YOU INTERESTED IN HELPING THE GROUP? _____

HAVE YOU HAD AN EXPERIENCE YOU WOULD BE WILLING TO TALK ABOUT IN CONFIDENCE TO ANOTHER MEMBER, TO HELP THEM THROUGH A SIMILAR EXPERIENCE? eg twins, autism, YES _____ NO _____

IF SO, WHAT IS THAT EXPERIENCE? _____

ARE YOU WILLING TO GO ON THE NATIONAL EXPERIENCE REGISTER ALSO? (Your name, contact details and the name of your experience would be shared with the 10 other experience register holders.) YES ___ NO ___

HOW WOULD
YOU LIKE TO
PAY?

CASH

THE MEMBERSHIP FEE 2006 - €25

CHEQUE

**MAKE CHEQUES PAYABLE TO CUIDIU – DUBLIN NORTH EAST
BRANCH**

I wish to become a member of the Dublin North East Branch of Cuidiu

Signed _____

RETURN THIS FORM TO [Charlotte Cousins, charlottesousins@gmail.com](mailto:charlottesousins@gmail.com) OR GIVE IT TO ANY CO-ORDINATOR AT ANY CUIDIU DNE EVENT.

If you would like to get more information regarding Cuidiu, upcoming events or special interest articles, check out our web site (google "Cuidiu DNE")