

Tamba BEREAVEMENT SUPPORT GROUP MEMBERSHIP FORM

To join the Bereavement Support Group (BSG) and receive newsletters and a contact list fill in this form and send your membership payment to:

Tamba BSG Membership, 2 The Willows, Gardener Road, Guildford. GU1 4PG

(If joining on behalf of an organisation please state name of group and give a contact name if possible.)

NAME: _____
 ADDRESS: _____

 POSTCODE _____
 TEL NO. (including STD code) _____

I WOULD LIKE TO JOIN THE BSG AND ENCLOSE MY MEMBERSHIP FEE £15.00
 I WOULD LIKE TO MAKE A DONATION TO BSG.
TOTAL AMOUNT ENCLOSED £ _____

Please note parent contact list is available to bereaved parents.

PLEASE TICK WHICH GROUP(S) YOU BELONG TO:

| | |
|--|-----|
| COMPLETE LOSS | () |
| LOSS OF ONE TWIN | () |
| LOSS OF A HIGHER MULTIPLE WITH SURVIVOR(S) | () |
| SURVIVOR(S) WITH SPECIAL NEEDS | () |
| LOSS OF AN OLDER TWIN | () |

DATE OF MULTIPLE BIRTH: _____
 DATE OF LOSS _____
 NAME(S) OR CHILDREN (SURVIVORS AND LOST) _____

HOW DID YOU HEAR ABOUT Tamba BSG? Please tick.

| | | | | |
|--------------------|----------------------|--------------------|-----------------------|----------------|
| HOSPITAL () | GP () | HEALTH VISITOR () | MIDWIFE () | TWINS CLUB () |
| Tamba TWINLINE () | Tamba LITERATURE () | OTHER () | Please specify. _____ | |

We have a Memorial Page in the newsletter, would you like your child/ children's names mentioned on it? YES/ NO. Would you like the date of birth/ date of death?

WOULD YOU LIKE A Tamba VOLUNTEER TO CONTACT YOU?
YES/ NO (please delete) If yes would you prefer this to be by
LETTER / TELEPHONE / EITHER (please delete)

PLEASE FILL IN DETAILS OF YOUR LOSS. THESE WILL BE ENTERED ON THE PARENT CONTACT LIST UNLESS YOU HAVE INDICATED OTHERWISE.

WOULD YOU LIKE YOUR DETAILS ENTERED ON THE PARENT CONTACT LIST? YES/ NO

WOULD YOU CONSIDER HELPING THE BSG IN ITS WORK? YES/ NO
If yes further details will be sent at a later date.

I apply to become a member of **Tamba**, a Company Limited by Guarantee, and agree to be bound by its Memorandum and Articles of Association and any rules made under these. In the event of the Company's being wound up while I am a member of within one year thereafter, I agree to contribute such amounts as may be required, but no more than £1.00

SIGNED..... DATE.....

BSG USE

INFO PACK AND NUMBER OF NEWSLETTER SENT:

REFERRED TO CONTACT:

DATE JOINING: