

# July 2009/ October 2010 Membership Form for

## *Social Workers in Disability*

\* Annual membership fee = **€30.00** (non- IASW Member)

**Membership fee paid by IASW** (IASW Member)

**Please make cheques payable to Social Workers in Disability**

Please tick the following as appropriate

1. I am a current member of IASW and want to be a member of Social Workers in Learning Disability for 2009

2. I am not a current member of IASW and want to be a member of Social Workers in Learning Disability for 2009

**Enclose payment Cheque/Other for €30.00**

**Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Home Address (optional):** \_\_\_\_\_ **Work Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home Tel. No:** \_\_\_\_\_ **Work Tel. No:** \_\_\_\_\_

**Personal Mobile No:** \_\_\_\_\_ **Work Mobile No:** \_\_\_\_\_

**Home email:** \_\_\_\_\_ **Work email:** \_\_\_\_\_

Do you give permission for your name to be forwarded as part of the Social Work in Learning Disability mailing list Yes  No

**Please return to:** Ms. Ann Byrne,  
29 Grattan Park,  
Galway.