



Australia and New Zealand Stillbirth Alliance Individual Supporter Application Form

BECOME INVOLVED IN ANZSA

Approximately 2500 pregnancies result in a stillbirth each year in Australia and New Zealand alone - this is equivalent to six babies every day.

Become part of the passionate and enthusiastic team of parents, health care providers and researchers involved in reducing stillbirth in Australia and New Zealand

By joining ANZSA you can help create change; making sure stillbirth is recognised and measures are taken to reduce this tragedy. Reducing stillbirth begins with improving stillbirth investigation, collecting high quality data, improving standards of care by educating midwives and doctors about the PSANZ Mortality Guidelines across Australia and New Zealand and undertaking an awareness campaign on how to reduce the risk of stillbirth – all activities of ANZSA. However, these vital activities cannot be achieved without considerable support. You can help to reduce stillbirth and ease suffering for parents, family and friends by becoming an ANZSA supporter and getting involved.

Becoming an Individual Supporter of the Australia and New Zealand Stillbirth Alliance entitles each individual to:

- Inclusion on International Stillbirth Alliance (ISA) and ANZSA mailing list
- Priority notification of all ANZSA events and activities
- Receive regular newsletters and research alerts
- Reduced registration fee for ANZSA workshops and meetings
- Actively participate in ANZSA

I wish apply for a one year subscription as an:

ANZSA Individual Support \$ 75.00

OPTIONAL

As well as applying for Individual Support subscription, I would like to donate:

\$20
 \$50
 \$100
 \$ _____ (Other amount)

Name of applicant: _____

Organisation name: _____ and Job Title _____ (If applicable)

ANZSA Category (please circle the category which best reflects your alignment with ANZSA):

Midwifery	Parent	Obstetrics	Basic Science
Pathologist	Neonatalologist	Paediatrician	Neonatal nurse
Social worker	Psychologist	Bereavement support	Public Health
Other (please state)	_____		



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Address: _____

Phone: _____ Fax: _____ Email: _____

Signed: _____ Date: ____/____/____

Do you agree to have your name and the name of your organisation (if applicable) listed on the member's page of the ANZSA website?

Yes No

Would you like to: Volunteer? Eg fundraising, newsletter development, summarising the latest research Yes No
Join an ANZSA committee? Yes No

Payment

Enclosed is a cheque or credit card authorisation for

\$75 (*Individual Support*)
 \$ _____ (*Optional Donation*)
 \$ _____ TOTAL

Cheque

Please make cheques payable to:

Australia and New Zealand Stillbirth Alliance

Madeleine Elder

ANZSA Secretariat

Lvl 2 Quarters Building

South Brisbane

4101

Fax: +61 7 3163 1588

Email: Madeleine.Elder@mater.org.au

Website: www.stillbirthalliance.org.au

Credit Card

Mastercard

Visa

Cardholders name (please print)

Card Number

Expiry Date: mm/yy ____/____

Signature

We look forward to hearing from you!