**Membership 2019**

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| --- | --- |
| **Name and Surname**  |  |
| **Contact Number**  |  |
| **Email Address**  |  |
| **Profession**  |  |
| **Professional Body Registration Number**  |  |
| **Practice Address**  |  |
| **Please tell us more about your work in the field of infant mental health**  |  |
| **Would you like your practice information published on the WCAIMH Website?** |  |
| **Would you like to receive notification of talks and workshops related to Infant Mental Health?**  |  |

**Banking Details:**

**Account name: WCAIMH Standard Bank, Rondebosch**

**Account number: 274916401, Branch code: 051001**

**Amount: R375, or R325 early bird before 15 March 2019**

**Please use your name and surname as a reference and email proof of payment to our treasurer, Barbara (****b.kantor@iafrica.com****).**