

# Special Interest Group in Stammering

## MEMBERSHIP FORM

Please complete this PDF document by either

- Printing the document, completing then scan or take a photo of completed form and return by email below or
- Copy and paste the content of this PDF to a Word Doc, then complete and return to

Fiona Ryan – [fiona.ryan1@hse.ie](mailto:fiona.ryan1@hse.ie) or Post to  
Fiona Ryan  
Clinical Specialist Speech and Language Therapist  
Health Centre,  
Millpark Road,  
Enniscorthy,  
Co. Wexford

### Your Details

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Work Address: \_\_\_\_\_

Membership fee is 10 euro and can be made by electronic transfer, please add your **name and 'member fee'** as reference.

### BANK DETAILS

Account name is 'SIG-Stammering'

BIC: AIBKIE2DXXX

IBAN: IE39 AIBK 9311 3628 3810 88

I confirm that I have made payment by electronic transfer or enclose a cheque, if submitting my application form by post. ☐

Signature \_\_\_\_\_

Date \_\_\_\_\_