

**ASIP MEMBERSHIP RENEWAL\***  
January - December 2007

Name \_\_\_\_\_

Degree/s \_\_\_\_\_

Workplace\*\* \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ email \_\_\_\_\_

Preferred method of communication: FAX \_\_\_\_\_ Email \_\_\_\_\_ US mail \_\_\_\_\_

Workplace Website address: \_\_\_\_\_

Dues: \_\_\_\_ \$65/Full Member                      \_\_\_\_ \$40/Associate Member

Please **make check payable (in US funds) to ASIP** (Association of SIDS and Infant Mortality Programs) and send to:

Cheryl McBride, Membership Chair  
c/o California SIDS Program  
11344 Coloma Road, Suite 560  
Gold River, CA 95670-6304

\*This form to be used for RENEWALS only. Memberships are individual and are not transferable. If you are filling the position of a former member, you must complete an application form. Please print a membership form from the website ([www.asip1.org](http://www.asip1.org)) or call Cheryl at 916-851-7437 for an application.

\*\*If your work position has changed in the last year, please provide a brief description of your position and activities related to SIDS and/or infant mortality.

**THANK YOU FOR YOUR SUPPORT TO ASIP!**