

SNEEM COMMUNITY FIRST RESPONDER PROGRAMME

Membership Form

This membership is to demonstrate my support and my understanding of the importance of a **Community First Responder Programme**. There are no obligations connected with the general membership.

Name: _____

Address: _____

email: _____

Phone: _____

Mobile: _____

Date of birth: _____
(only for on call first responders)

Distance from Sneem Bridge: _____

Distance from Tahilla Curch: _____

I want to(tick boxes please):

- ☐ • support the programme by becoming a member.
- ☐ • support the project with a monthly / annual standing order.
- ☐ • get on a waiting list for a **certified Heartsaver CPR / AED Course**.
- ☐ • get on a waiting list for a **Family and Friends CPR** course.
- ☐ • become a first responder sharing the **On Call Duty** regularly.
- ☐ • receive updates on the project via email or newsletter .
- ☐ • I have medical qualifications: _____

Suggestions: _____
