



Prison Officers' Medical Aid Society

397e North Circular Road, Dublin 7. Phone: (01) 830 8963 Fax: (01) 830 9420

REGISTRATION FORM - DEPENDANT CHILDREN

MEMBER: *NAME* _____
ADDRESS _____

Please add the following details to my Computer records:-

CHILD: *NAME* _____
DATE OF BIRTH _____

I enclose Birth Certificate

SIGNATURE _____
MEMBER

PAY NO _____ *DATE* _____