

# THALASSAEMIA INTERNATIONAL FEDERATION

In official relations with the World Health Organization

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## APPLICATION FORM FOR ASSOCIATE MEMBERSHIP - COMPANY

- Name of institution/organisation/company:** .....
- Country of registered office:** .....
- Postal address:** .....  
.....  
.....
- Telephone number** (including applicable codes): .....
- Fax number** (including applicable codes): .....
- E-mail address:** ..... **Website:** .....
- Name of contact person:** .....
  - Sex:** Male  Female
  - Prof.**  **Dr.**  **Other**  *Please specify:* .....
  - Position/Capacity in the organisation:** .....

### MEMBERSHIP FEES:

Registration fee (paid once): EUR40  
Annual subscription fee: EUR350

**Please note: Your application form should be accompanied by the registration and subscription fees.**

### CREDIT CARD PAYMENT

Type of card: Visa  Eurocard  Mastercard   
Number of card: ..... CVV2 code  3 digits  
Name of holder: .....  
Valid from: ..... Expires: ..... Amount: .....  
Signature of holder: ..... Date: .....

\* Banker's draft and electronic bank transfer are also accepted in the name of "Thalassaemia International Federation"

Date of application: ..... Name: .....  
Signature: .....

### FOR OFFICIAL USE ONLY

Date of approval: ..... Name/Signature: .....