

HEADQUARTERS

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THALASSAEMIA
INTERNATIONAL
FEDERATION



APPLICATION FORM FOR ASSOCIATE MEMBERSHIP - COMPANY

1. Name of institution/organisation/company:
2. Country of registered office:
3. Postal address:
.....
.....
4. Telephone number (including applicable codes):
5. Fax number (including applicable codes):
6. E-mail address: Website:
7. 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: EUR1000

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: