

# THALASSAEMIA INTERNATIONAL FEDERATION

In official relations with the World Health Organization

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## APPLICATION FORM FOR ASSOCIATE MEMBERSHIP- INDIVIDUAL

1. **Name of individual:** .....

2. **Sex:**  Male  Female

3. **Postal address:**

..... Post code: ..... City: ..... Country:

4. **Telephone number** (including applicable codes):

5. **Fax number** (including applicable codes):

6. **E-mail address:** ..... **Website:**

7. **O c c u p a t i o n :**

Prof.  Dr.  Other *Please specify:*

### MEMBERSHIP FEES:

Registration fee (paid once): EUR 40  
Annual subscription fee: EUR 65

**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: .....