

# THALASSAEMIA INTERNATIONAL FEDERATION

In official relations with the World Health Organization

## HEADQUARTERS

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THALASSAEMIA  
INTERNATIONAL  
FEDERATION



## APPLICATION FORM FOR ASSOCIATE MEMBERSHIP- INDIVIDUAL

- Name of individual:** .....
- Sex:** Male  Female
- Postal address:** .....  
..... Postcode: ..... City: ..... Country: .....
- Telephone number** (including applicable codes): .....
- Fax number** (including applicable codes): .....
- E-mail address:** ..... **Website:** .....
- Occupation:** .....  
• **Prof.**  **Dr.**  **Other**  *Please specify* .....

### MEMBERSHIP FEES:

Registration fee: FREE  
Annual subscription fee: EUR 15

***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: .....