

THALASSAEMIA INTERNATIONAL FEDERATION

In official relations with the World Health Organization

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APPLICATION FORM FOR ASSOCIATE MEMBERSHIP - NGO

- Name of institution/organisation/company:**
- Country of registered office:**
- Postal address:**
..... Post code: City: Country:
- 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: EUR65

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: