

# THALASSAEMIA INTERNATIONAL FEDERATION

In official relations with the World Health Organization

PO Box 28807, 2083 Strovolos – 31 Ifigenias, 2007 Strovolos, Cyprus  
Tel: +357 22 319 129 Fax: +357 22 314 552 Email: thalassaemia@cytanet.com.cy  
Website: www.thalassaemia.org.cy



## APPLICATION FORM FOR GENERAL MEMBERSHIP

1. **Name of association:** .....
2. **Country of registered office:** .....
3. **Postal address:** .....  
..... Post code: ..... City: ..... Country: .....
4. **Telephone** (including codes): ..... 5. **Fax** (including codes):.....
6. **Email address:** ..... **Website:** .....
7. **Name of contact person:** Prof.  Dr.  Other  **Specify:**.....  
**Position/Capacity in the association:** .....

**Please send us the following information, attaching copy documentation.**

- I. **Certificate of registration of association** (please attach) Yes / No
- II. **Constitution of association** (please attach **copy in English**) Yes / No
- III. **Total Number of members registered in the association** .....
  - How many are patients .....
  - How many are parents .....

Registration fee 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"

**General Members:** Any National Thalassaemia Association/Federation/Alliance can become a General Member of TIF as long as the criteria and prerequisites set out in TIF's Constitution are met. Thalassaemia Associations are required to serve as General Members for a period of at least **one year** from the date of their acceptance prior to obtaining a Voting Membership status.

**Date of application:** ..... **Name:** .....

**Signature:** .....

### FOR OFFICIAL USE ONLY

**Date of application:** ..... **Name:** .....