



HEADQUARTERS

31 Ifigenias, 2007 Nicosia, Cyprus • P.O.Box 28807, 2083 Nicosia, Cyprus
Tel.: +357 22 319 129, Fax: +357 22 314 552, E-mail: thalassaemia@cytanet.com.cy

THALASSAEMIA
INTERNATIONAL
FEDERATION

APPLICATION FORM FOR GENERAL MEMBERSHIP

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

Please send us the following information, attaching copy documentation.

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

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"

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:**