



# THALASSAEMIA INTERNATIONAL FEDERATION

In official relations with the World Health Organization

## HEADQUARTERS:

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## APPLICATION FORM FOR ASSOCIATE MEMBERSHIP

1. **Name of institution/organisation/company:** .....
2. **Country of registered office:** .....
3. **Postal address:** .....  
.....  
.....
4. **Telephone number** (including applicable codes): .....
5. **Fax number** (including applicable codes): .....
6. **E-mail address:** ..... **Website:** .....
7. **Name of contact person:** .....
  - **Sex:** Male  Female
  - **Prof.**  **Dr.**  **Other**  *Please specify:* .....
  - **Position/Capacity in the organisation:** .....

### MEMBERSHIP FEES:

Registration fee (paid once)	US\$ 60.00	EUR 38.00
Annual subscription fee	US\$ 500.00	EUR 315.00

**Please note: Your application form should be accompanied by the registration and subscription fees which amount to a total of US\$ 560.00.**

### CREDIT CARD PAYMENT

Type of card: Visa  Eurocard  Mastercard   
Number of card: ..... CVV2 code  3 digits  
Name of holder: .....  
Valid from: ..... Expires: ..... Amount in US\$: .....  
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: .....