



THALASSAEMIA INTERNATIONAL FEDERATION

In official relations with the World Health Organization

HEADQUARTERS:

PO Box 28807, 2083 Strovolos / 31 Ifigenias, 3rd Floor, 2007 Strovolos, Cyprus

TEL: +357 22 210 120 Fax: +357 22 214 550 Email: thalassaemia@tiffed.com

APPLICATION FORM FOR INDIVIDUAL ASSOCIATE MEMBERSHIP

1. **Name of individual:**
2. **Sex:** Male Female
3. **Postal address:**
.....
.....
4. **Telephone number** (including applicable codes):
5. **Fax number** (including applicable codes):
6. **E-mail address:** **Website:**
7. **Occupation:**
 - **Prof.** **Dr.** **Other** **Please specify:**

MEMBERSHIP FEES:

Registration fee (<i>paid once</i>)	US\$ 60.00	EUR 38.00
Annual subscription fee	US\$ 100.00	EUR 63.00

Please note: Your application form should be accompanied by the registration and subscription fees which amount to a total of US\$ 160.00.

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: