



# THALASSAEMIA INTERNATIONAL FEDERATION

In official relations with the World Health Organization

## HEADQUARTERS:

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## APPLICATION FORM FOR GENERAL MEMBERSHIP

1. **Name of association:** .....
  2. **Country of registered office:** .....
  3. **Postal address:** .....
  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. **Number of members** .....
- IV. **Number of patients** .....
- V. **Number of parents** .....

Registration fee	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"

**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:** .....