MEMBERSHIP APPLICATION FORM

IRISH HAEMOCHROMATOSIS ASSOCIATION C.L.G.

(HAEMOCHROMATOSIS IS AN IRON OVERLOAD DISORDER)

THE CARMICHAEL CENTRE

NORTH BRUNSWICK ST

DUBLIN 7

TELEPHONE: (01) 8735911

EMAIL: info@haemochromatosis-ir.com

WEBSITE: www.haemochromatosis-ir.com

PLEASE PRINT YOUR NAME AND ADDRESS CLEARLY

(ALL INFORMATION IS STRICTLY CONFIDENTIAL)

COMPLIANT WITH DATA PROTECTION ACTS 1988 & 2003

NAME: _____ MR/MRS/MS/OTHER

ADDRESS: _____

_____

OCCUPATION: _____ TEL: _____

MOBILE: _____ DATE OF BIRTH: _____

EMAIL: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

IF YOU WOULD LIKE TO RECEIVE YOUR NEWSLETTERS/CORRESPONDENCE BY EMAIL PLEASE TICK HERE ☐

(ARE YOU A PATIENT / RELATIVE / MEDICAL PROFESSIONAL / OTHER)

MEMBERSHIP	**-**	**€20.00**	☐
UNEMPLOYED AND/OR O.A.P.		**€10.00**	☐

PLEASE MAKE CHEQUE PAYABLE TO THE *IRISH HAEMOCHROMATOSIS ASSOCIATION C.L.G.*

YOUR CHEQUE STUB IS YOUR RECEIPT

PLEASE RETURN TO THE TREASURER

BRENDAN KEENAN
66 HAROLD'S CROSS COTTAGES
HAROLD'S CROSS
DUBLIN D06 WF72

OFFICE USE ONLY : DATE RECEIVED PAYMENT :		DRAFT / CHEQUE / PO
REGISTERED COMPANY NUMBER :	309916	
REGISTERED CHARITY NUMBER :	CHY 14876	