

IRISH HAEMOCHROMATOSIS ASSOCIATION C.L.G.

MEMBERSHIP APPLICATION FORM

CONSENT: The information you provide on this form will be retained on a database for as long as you remain a member and will be used for communications and gathering statistics. You may withdraw your consent to the retention of this data at any time by contacting kate.geoghegan@irishhaemochromatosis-ir. Your data will not be released to any third party without your consent.

I confirm I agree to my data being retained by the IHA

Your Signature:

NAME: _____ MR/MRS/MS/OTHER (Please Print)

ADDRESS: _____

_____ TEL: _____

MOBILE: _____ DATE OF BIRTH: _____

EMAIL:

ARE YOU A PATIENT / RELATIVE / MEDICAL PROFESSIONAL / OTHER? (delete as appropriate)

IF YOU WOULD LIKE TO RECEIVE INFORMATION BY EMAIL TICK HERE

MEMBERSHIP - €20.00

UNEMPLOYED / 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