

MEMBERSHIP APPLICATION FORM

IRISH HAEMOCHROMATOSIS ASSOCIATION

(HAEMOCHROMATOSIS IS AN IRON OVERLOAD DISORDER)

THE CARMICHAEL CENTRE
NORTH BRUNSWICK STREET
DUBLIN 7

TELEPHONE: (01) 8735911

EMAIL: info@haemochromatosis-ir.com and info@ironoverload.ie

WEBSITES: www.haemochromatosis-ir.com and www.ironoverload.ie

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: _____

DATE OF BIRTH: _____ MOBILE: _____

EMAIL ADDRESS _____

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

MEMBERSHIP €20.00

UNEMPLOYED AND O.A.P. €10.00

(YOUR CHEQUE STUB IS YOUR RECEIPT)

PLEASE RETURN TO THE TREASURER

**Brendan Keenan
20 Templemore Avenue
Rathgar
Dublin 6**

For Office Use Only-----

DATE RECEIVED _____ CHEQUE/CASH/MONEY ORDER _____ REPLIED _____