



# THALASSAEMIA INTERNATIONAL FEDERATION

“In official relations with the World Health Organization”

## HEADQUARTERS:

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Web-site address: <http://www.thalassaemia.org.cy>

## APPLICATION FORM FOR GENERAL MEMBERSHIP

For detailed requirements see attached information

1. **Name of Association:** .....
2. **Country of Registered Office:** .....
3. **Postal Address:** .....  
.....  
.....
4. **Telephone Number** (including applicable codes): .....
5. **Fax Number** (including applicable codes): .....
6. **E-mail address:** ..... **Website:** .....
7. **Name of Contact Person:** .....
  - **Prof.**  **Dr.**  **Other**  **Please 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** .....

### **MEMBERSHIP FEES:**

Registration Fee (paid once)	US\$ 60.00	CYP 31.00
Annual Subscription Fee	US\$100.00	CYP 52.00

**NB: 1. Your application form should be accompanied by the Registration and Subscription fees which amount to USD\$160.00**

General Members: Any National Thalassaemia Association/Federation/Alliance can become a General Member as long as TIF's criteria and prerequisites set in the 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 Approval:** ..... **Name/Signature:** .....

