

DATABASE INFORMATION

PERSON WITH BLEEDING DISORDER:

NAME: _____ **DATE OF BIRTH:** _____

PERSON WITH BLEEDING DISORDER IS: MYSELF MY CHILD

MY PARENT MY PARTNER MY SIBLING RELATION

BLEEDING DISORDER:- PLEASE TICK AS APPROPRIATE

HAEMOPHILIA A (FACTOR VIII) MILD MODERATE SEVERE

HAEMOPHILIA B (FACTOR IX) MILD MODERATE SEVERE

VON WILLEBRANDS DISEASE TYPE 1 TYPE 2 TYPE 3

CARRIER (PLEASE MARK SEVERITY ABOVE) HAEMOPHILIA A HAEMOPHILIA B

OTHER RARE BLEEDING DISORDER, PLEASE SPECIFY: _____

PLEASE COMPLETE THIS SECTION IF THE MEMBERSHIP IS A FAMILY MEMBERSHIP

NAME	RELATIONSHIP TO PERSON WITH BLEEDING DISORDER	DATE OF BIRTH	BLEEDING DISORDER

IF YOU WOULD LIKE TO BECOME AN ASSOCIATE MEMBER AND BE INCLUDED ON OUR MAILING LIST, PLEASE INDICATE IF YOU ARE:

HEALTHCARE PROFESSIONAL HAEMOPHILIA ORGANISATION

PERSON LIVING ABROAD OTHER (PLEASE SPECIFY BELOW)

IRISH HAEMOPHILIA SOCIETY

MEMBERSHIP FORM



The Irish Haemophilia Society provides education, information, services and support to people with bleeding disorders and their families.

THE IRISH HAEMOPHILIA SOCIETY

First Floor,
Cathedral Court,
New Street,
Dublin 8.

Telephone Number: 01 6579900

Fax Number: 01 6579901

Email: info@haemophilia.ie

Website: www.haemophilia.ie

CATEGORIES OF MEMBERSHIP

ORDINARY MEMBERSHIP

€20.00

For people with bleeding disorders, their partners and their families:

1. An Individual adult with a bleeding disorder. (One vote per member).
2. A couple. (One vote per couple).
3. A family unit where children are under 18 years of age.
(One vote per family, voting is permitted by adults only).
4. A relative of a person with a bleeding disorder. (One vote per member)

YOUNG ADULT MEMBERSHIP

€10.00

For young adults with bleeding disorders between the ages of 18 and 25.
(One vote per member).

ONLINE MEMBERSHIP

FREE OF CHARGE

For people with bleeding disorders and their families.

Must be processed online at www.haemophilia.ie

(No voting rights, no subsidies for conference attendance).

LIFE MEMBERSHIP

€600.00

A once off payment of €600 for an individual or couple as life members.
(One vote per life membership),

ASSOCIATE MEMBERSHIP

FREE OF CHARGE

For interested parties such as healthcare professionals,

National Member Organisations etc.

(No voting rights, no subsidies for conference attendance)

HONORARY LIFE MEMBER

AWARDED

1. Members who have 30 years continuous membership.
2. Members deemed to have given exceptional service to the Society.
(One vote per life membership)

OVER 65 MEMBERSHIP

FREE OF CHARGE

Ordinary members who have reached the age of 65 are no longer
required to pay a membership fee.

(One vote per member or one vote per couple)

NEW MEMBERSHIP

MEMBERSHIP RENEWAL

NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

CONTACT NUMBERS:

HOME: _____ **MOBILE:** _____

EMAIL ADDRESS: _____

PREFERRED METHOD OF CONTACT: **PHONE (H)** **PHONE (M)** **EMAIL**

PREFERRED TIME OF CONTACT: **MORNING** **AFTERNOON** **EVENING**

WOULD YOU LIKE TO SIGN UP FOR OUR MONTHLY ELECTRONIC MAGAZINE?

YES **NO**

MEMBERSHIP TYPE

ONLINE MEMBERSHIP (FREE)

ORDINARY MEMBER
€20.00

YOUNG ADULT MEMBER
€10.00

OVER 65 MEMBER
FREE OF CHARGE

ASSOCIATE MEMBER
FREE OF CHARGE

HONORARY LIFE MEMBER
AWARDED

LIFE MEMBER
€600.00

PAYMENT

CHEQUE

LASER

CREDIT CARD (PLEASE SPECIFY) **VISA** **MASTERCARD** **VISA DEBIT**

NO PAYMENT REQUIRED

IF YOU WISH TO PAY BY CREDIT CARD OR LASER PLEASE COMPLETE THE FOLLOWING:

CARD NUMBER:

NAME ON CARD: _____ **EXPIRY DATE:** _____

CARDHOLDER'S SIGNATURE: _____ **CVV NO:** _____

OFFICE USE ONLY **DATE RECEIVED:** _____ **STAFF:** _____