

IRISH HAEMOPHILIA SOCIETY

Representing people living with haemophilia, von willebrand's and other inherited bleeding disorders

MEMBERSHIP FORM



Find us on:



IRISH HAEMOPHILIA SOCIETY

First Floor, Cathedral Court
New Street
Dublin 8

Tel: 01 657 9900

Email: info@haemophilia.ie

Website: www.haemophilia.ie

TYPES OF MEMBERSHIP AVAILABLE:

ORDINARY MEMBERSHIP (€20)

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 by adults only).
4. A relative of a person with a bleeding disorder. (One vote per member)

YOUNG ADULT MEMBERSHIP (€10)

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 and must be processed at haemophilia. i.e. (No voting rights or subsidies for conference attendance)

LIFE MEMBERSHIP (€600)

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)

GDPR: We wish to ensure the on-going confidentiality and integrity of our data processing systems. Membership records are maintained in accordance with our GDPR Policy.

New Membership **Membership Renewal**

Name: _____ Date of Birth: _____

Address: _____

Contact Numbers:

Home: _____ Mobile: _____

Email Address: _____

Preferred Method of Contact: Phone (H) Phone (M) Email

Membership Type:

Ordinary Member (€20) Young Adult (€10) Online (Free)

Over 65 (Free) Associate Member (Free)

Life Member (€600) Honorary Life Member (Awarded)

Do you wish to receive our monthly electronic magazine?

Yes No

Photos / Video:

Proceedings at our events may be photographed / videoed and used by I.H.S. for our Publications / Social Media / Website or Video/DVD Production. If you wish to opt out, please tick here

Payment:

Cheque Credit Card Visa Debit No Payment Req.

Card Number: _____

Name on Card: _____ Expiry Date: _____

Cardholder's Signature: _____ CVV No: _____

OFFICE USE ONLY: Date Received: _____

Staff: _____

DATABASE INFORMATION

Person with Bleeding Disorder:

Name: _____ Date Of Birth: _____

Person with Bleeding Disorder Is:

Myself My Child My Parent My Partner

My Sibling My Relation

Bleeding Disorder: - Please Tick as Appropriate

Haemophilia A (Factor VIII): Mild Moderate Severe

Haemophilia B (Factor IX): Mild Moderate Severe

Von Willebrand's Disorder: Type 1 Type 2 Type 3

Carrier (Please Mark Severity Above): Haemophilia A Haemophilia B

Do You Have Inhibitors? Yes No

Other Rare Bleeding Disorder, please specify:

Complete This Section if the Membership is a Family Membership

Name	Relationship to Person with Bleeding Disorder	D.O.B.	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)