

## Membership Application Form

All persons suffering from Crohn's or Colitis over the age of eighteen (18) are eligible to become members of the Association with full voting rights. Persons sharing the interests and aims of the Association and those of persons suffering from Crohn's or Colitis are also eligible to become Members of the Association with full voting rights.

Please fill in all the details in BLOCK CAPITALS. Kindly note that all details provided will be entered in our database and any information given to us will be treated as highly confidential.

### Personal Details

Title (Mr/ Mrs/ Ms/ Other)		ID Number	
Forename			
Surname			
Full Postal Address			
		Post code:	
e-mail			
Tel (home)		Mobile Number	
Date of Birth		Occupation	

Condition: Crohn's  Colitis  Year of Diagnosis \_\_\_\_\_ (please mark if applicable)

### Declaration

I authorise MACC to hold the personal information I have provided for as long as I am a member and to use it to send me information on MACC and its services and activities.

- I would like to become actively involved in MACC and have time to devote.
- I would like to become actively involved in MACC but have limited time to devote.
- I do not wish to be actively involved in MACC but wish to take advantage of membership benefits.  
(Please tick one as appropriate)

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please hand in the completed form together with the **annual subscription fee of €12** to either a member of the Executive Committee of MACC, or else return this form by post to: **The Treasurer, c/o 43, Old Railway Road, Birkirkara BKR1617**. In a short time, the applicant will receive a payment receipt by post.

*Note: The personal data of members or members' representatives (including name, telephone number, e-mail address and other membership details) are held by the officials of the Association for account and order administration, internal marketing, to facilitate better communication and subject to the provisions of the Data Protection Act (2001) and any other applicable law.*

### For Official use only

Membership Number	
Membership valid till	

Subscription Fee Paid	
Method of Payment	
Receipt Number	

Signed: \_\_\_\_\_  
(Treasurer)

Date: \_\_\_\_\_