

## Provisional Membership Application Form (for minors)

As per Article 6.1 of the Statute of MACC, minors under the age of 18 years suffering from Crohn's or Colitis are eligible to become provisional members of the Association with their voting rights delegated to one parent or legal guardian. 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.

Details of Minor			
Forename			
Surname			
Full Postal Address			
Post code		Date of Birth	/ /
Condition: Crohn's <input type="checkbox"/> Colitis <input type="checkbox"/> Year of Diagnosis _____ (please mark as applicable)			

### Details of Parent or Legal Guardian

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

### Declaration

I, the parent/ legal guardian of \_\_\_\_\_ whose details are described above, authorise MACC to hold the personal information provided for as long as he/ she remains a provisional member, and to use it to send me information on MACC and its services and activities.

Signature of one parent or legal guardian: \_\_\_\_\_ 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		Subscription Fee Paid	
Membership valid till		Method of Payment	
		Receipt Number	

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

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