



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**.

Personal Details

| | | |
|-------------------------------|-------------------------|----------------------|
| Title (Mr/Mrs/Ms/Other) | First Name | Last Name |
| Address 1 (Name of Residence) | Address 2 (Street Name) | Address 3 (Locality) |
| Post Code: | Email: | |
| Home Telephone Number: | Mobile Number: | ID Card Number: |

☐ IBD Patient ☐ Parent of IBD Patient ☐ Other relative/ carer of IBD Patient ☐ Supporter of MACC
(please mark as applicable)

Declaration

I the undersigned declare that:

- ☐ I am aware that the above information is being collected by the MACC committee (further on described as 'MACC') and that it will be kept and processed as required according to GDPR and other applicable state laws. I also know that for more information on the retention time, method of processing and rights of access, the right of data portability, the right to correct, the right to object, the right to revoke my consent, the right to delete and the right to declare a complaint, I can speak to the MACC committee members.
- ☐ I am aware that the above information is being kept and used in relation to activities that from time to time are organised by MACC.
- ☐ The information given in this form is correct and I bind myself that if there are any changes, I will immediately inform MACC about these changes.
- ☐ I am aware that the venues where MACC activities are held might be equipped with security cameras (cctv).
- ☐ I am giving permission for above information to be used by MACC to communicate with me via messages, smses or similar, email or in writing, regarding MACC related activities.
- ☐ I am giving permission for the above information to be used to keep updated MACC members' database, with the latter being used for MACC administration purposes and to promote MACC organised activities.
- ☐ I am giving permission to MACC to take photos and /or videos during activities organised by MACC or by MACC in collaboration with another entity or entities. These are taken as an internal reference for MACC and can also be used also on electronic sites like MACC's facebook page or other MACC publications.
- ☐ I wish to receive information on any initiatives being taken by MACC.
- (Please tick as appropriate)

MACC is committed to ensuring the security and protection of the personal information that we process, and to provide a compliant and consistent approach to data protection. If you have any questions related to our GDPR compliance, please contact us or make a Data Subject Access Request.

Signature of Applicant: _____ Date: ____/____/____

Please hand in the completed form together with the **lifetime subscription fee of €25** to either a member of the Executive Committee of MACC, or else return this form by post to: **The Treasurer, c/o Aryquepay, St. George's Street, St. Venera SVR 1102**. In a short time, the applicant will receive a payment receipt by post.

For Official use only

| | | | |
|-------------------|--|-----------------------|--|
| Membership Number | | Subscription Fee Paid | |
| Method of Payment | | Receipt Number | |

Signed: _____
(Treasurer)

Date: _____

Malta Association of Crohn's and Colitis

Address: c/o Kisba, 28, Triq il-Karwija, Kirkop Malta KKP 1231 | Mobile: +356 9930 3964 | Email: info@macc.org.mt | Website: www.macc.org.mt