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| MEMBERSHIP FORM |
| I would like to register as a member: |
| Title |  |
| First Name |  |
| Surname |  |
| Address |  |
|  |
|  |
| Postcode |  |
| Tel / Mobile |  |
| Email |  |
| The personal information provided will be used to send information such as newsletters and information about society events. Confidentiality will be respected in accordance with the Data Protection Act. |

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| DONATION |
| €25 or more as otherwise cheque will not be cashed by bank. |
| Please make all cheques payable to: Malta Dementia Societyor through our website donation page:https://maltadementiasociety.org.mt/product/donation/ |
| Signature |  |
| Date |  |
| Please complete and return to: | Malta Dementia Societyc/o Room 135, Department of PharmacyUniversity of MaltaMsida MSD 2080 – Malta |
| Or send by internet banking to: |
| Name | Malta Dementia Society |
| A/C No. | 10042664310010 |
| IBAN | MT04APSB77013000000042664310010 |
| BIC | APSBMTMT |

THANK YOU