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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 Society  or through our website donation page: https://maltadementiasociety.org.mt/product/donation/ | |
| Signature |  |
| Date |  |
| Please complete  and return to: | Malta Dementia Society c/o Room 135, Department of Pharmacy University of Malta Msida MSD 2080 – Malta |
| Or send by internet banking to: | |
| Name | Malta Dementia Society |
| A/C No. | 10042664310010 |
| IBAN | MT04APSB77013000000042664310010 |
| BIC | APSBMTMT |

THANK YOU