

Membership Application

Name: _____

Address: _____

Telephone: _____ **Mobile:** _____

e-mail address: _____

Date: _____

Carmichael Centre

North Brunswick Street

Dublin 7

Tel: 01-8316678 / 01-8376614

Email: info@ankylosing-spondylitis.ie

www.ankylosing-spondylitis.ie

I wish to become a member because;

I have been diagnosed with AS

A friend / family member has AS

I work in healthcare

Other _____

Information for Members

The ASAI regularly informs members of new developments in the treatment of AS and also holds information meetings around Ireland. Please indicate your preference for receipt of this information from the Association.

I wish to receive information from the ASAI by: Post Email

I do not wish to receive information from the ASAI

Payment of Membership

Annual Membership of the Ankylosing Spondylitis Association is €14. Voluntary donations to the Association are welcome to enable us to undertake our work.

Cheques or Postal Orders should be crossed and made payable to “**The Secretary of A.S.A.I.**”

Completed membership forms, including payment should be sent to:

The Secretary, ASAI
Carmichael House, North Brunswick Street, Dublin 7.

Please do not send cash

Please find enclosed payment for membership of the ASAI.

Membership Fee €14.00

Donation _____

Total enclosed _____