



C/O Arthritis Ireland,  
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### Membership Application

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: Mobile: \_\_\_\_\_  
e-mail address: \_\_\_\_\_  
Date: \_\_\_\_\_

**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 “Ankylosing Spondylitis Association of Ireland”

Completed membership forms, including payment should be sent to:

The Secretary, ASAI, C/O Arthritis Ireland, 1 Clanwilliam Square, Grand Canal Quay, Dublin 2.

**Please do not send cash**



**Please find enclosed payment for membership of the ASAI.**

Membership Fee €14.00  
Donation € \_\_\_\_\_  
Total enclosed € \_\_\_\_\_