



Coeliac Association Malta

## FORMOLA TAS-SHUBIJA MEMBERSHIP FORM

### DETTALJI PERSONALI / PERSONAL DETAILS

**Isem u Kunjom:**

Name and Surname:

*Nizzel id-dettalji tal-ġenitur jekk is-coeliac m'ghandux 18-il sena*

**Karta tal-Identita':**

ID Card Number:

*Insert parent's details if coeliac is under 18*

**Isem it-tifel/tifla:**

Child's Name:

*Jekk is-coeliac m'ghandux 18-il sena*

**Karta tal-Identita':**

ID Card Number:

*Only where the coeliac is under 18*

**Data tat-twelid tas-Coeliac:**

Coeliac's Date of Birth:

**Eta' ta' meta saret id-Djanjosi:**

Age when Diagnosed:

**Indirizz:**

Address:

**Belt/Rahal:**

Town:

**Kodiċi Postali:**

Post Code:

**Telefown:**

Telephone:

**Mowbajl:**

Mobile:

**Emejl:**

Email:

### DETTALJI MEDIĊI / MEDICAL DETAILS

**Isem il-Konsulent:**

Consultant's Name:

**Data ta' meta saret id-Djanjosi:**

Date when Diagnosed:

**Lis-Coeliac Saritlu Biopsy?**

Has Coeliac been diagnosed by a Biopsy?

**Iva:**

Yes:

**Le:**

No:

**Data tal-Biopsy**

Date when Biopsy was carried out:

**Importanti:**

Important:

**Kopja tar-riżultat tal-Biopsy trid tintbaghat ma' din il-formola.**

A copy of the biopsy report has to be submitted together with this form.

**Jekk is-Coeliac ibati minn xi kundizzjonijiet ohra relatati mas-Coeliac Disease, aghti d-dettalji.**

If the Coeliac suffers from any other condition related to Coeliac Disease, please give details.

**Ikompli fuq wara:**

**Continued overleaf:**

## NEWSLETTERS

### B'liema lingwa tippreferi taqra n-newsletter?

State language preference

**Malti:**   
Maltese:

**Ingliz:**   
English:

### Tixtieq informazzjoni medika (bl-Ingiliz biss)?

Do you wish to receive medical information (only in English)?

**Iva:**   
Yes:

**Le:**   
No:

### Kif tixtieq tircievi n-newsletter?

How do you wish to receive newsletter?

**Bil-posta:**   
By post:

**B'emejl:**   
By email:

### Tixtieq tircievi newsletter ipprintjata b'ittri akbar?

Do you wish to have a printed version in a larger font?

**Iva:**   
Yes:

**Le:**   
No:

### Mizata tas-Shubija: € 14.00

Membership Fee:

### Li tiggedded fl-ewwel ta' Jannar ta' kull sena

Renewable every 1st January of each year

### Hlas tal-Mizata:

### B'cekk lis-Coeliac Association - Malta

### JEW permezz ta' bolli lokali ta' € 0.26

*(kull tip ta' bolla ohra ma tigix accettata)*

### JEW permezz ta' bank transfer jew internet banking

Payment of Membership Fee:

By cheque payable to Coeliac Association – Malta  
OR by sending the equivalent in € 0.26 local stamps  
*(no other denomination is accepted)*

OR through a bank transfer or by internet banking

### Detalji ghal bank transfer jew ghall-internet banking:

Details for a bank transfer or  
payment by internet banking:

**(a) Bank of Valletta plc**  
**Coeliac Association - Malta**  
**4002 3463 833**

**(b) HSBC Bank (Malta) Limited**  
**Coeliac Association - Malta**  
**0902 7293 050**

**Firma / Signature**

**Data / Date**

### Ibghat din il-formola flimkien mal-hlas tas-shubija lis:

Send this form together with payment to:

**Coeliac Association - Malta**  
**PO Box 72, Manwel Dimech**  
**Street, Sliema SLM 1055**

### Kummenti:

Comments:

### Data ta' Attivazzjoni tas-Shubija:

Date of Membership Activation:

### NUMRU TAS-SHUBIJA:

MEMBERSHIP NUMBER: