



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'għandux 18-il sena*

**Karta tal-Identità:**

ID Card Number:

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

**Isem it-tifel/tifla:**

Child's Name:

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

**Karta tal-Identità:**

ID Card Number:

*Only where the coeliac is under 18*

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

Coeliac's Date of Birth:

**Età ta' meta saret id-Djanjosi:**

Age when Diagnosed:

**Indirizz:**

Address:

**Belt/Raħal:**

Town:

**Kodiċi Postali:**

Post Code:

**Telefown:**

Telephone:

**Mowbajl:**

Mobile:

**Emejł:**

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 tintbagħat 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, agħti 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:

**Ingliż:**   
English:

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

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

**Iva:**   
Yes:

**Le:**   
No:

### Kif tixtieq tirċievi n-newsletter?

How do you wish to receive newsletter?

**Bil-posta:**   
By post:

**B'emejl:**   
By email:

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

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

**Iva:**   
Yes:

**Le:**   
No:

### Miżata tas-Šhubija: €14.00

Membership Fee:

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

Renewable every 1st January of each year

### Flas tal-Miżata:

Payment of Membership Fee:

1. **BOV Mobile għan-numru 7981 5671 JEW**
2. **Revolut billi tagħzel Bank Transfer JEW**
3. **Permezz ta' bank transfer jew internet banking**

1. BOV Mobile to 7981 5671 OR
2. Revolut via Bank Transfer option OR
3. Through a bank transfer or by internet banking

### Detalji għal bank transfer jew għall-internet banking:

Details for a bank transfer or  
payment by internet banking:

#### Bank of Valletta plc

184, Naxxar Road, San Gwann

**IBAN:** MT05VALL22013000000040023463833

**BIC/SWIFT Code:** VALLMTMT

**Account Number:** 4002 3463 833

**Firma /** Signature

**Data /** Date

### Ibghat din il-formola:

Send this form:

**Coeliac Association Malta**  
**PO Box 72, 42, Triq Rodolfu,**  
**Tas-Sliema SLM 1275**

### Kummenti:

Comments:

### Data ta' Attivazzjoni tas-Šhubija:

Date of Membership Activation:

### Numru tas-Šhubija:

Membership Number: