

**Haemophilia NI Membership Form**

**Name:**

**Address:**

**Telephone Number (optional):**

**E-mail Address:**

**Date of Birth:**

**Male**

**Female**

**Haemophilia A**

**Haemophilia B**

**Von Willebrand’s Disease**

**Carrier**

**Parent/Family Member**

**Other (*please specify)***

**Please return form to:**

Haemophilia NI, Unit 142, North City Business Centre, 2 Duncairn Gardens, Belfast, BT15 2GG

**Privacy Statement**

Haemophilia NI is committed to storing personal data collected from its members in a safe and confidential manner. Haemophilia NI will not pass any personal data collected to any third party. All data collected will only be used for purposes of administration within Haemophilia NI.

Personal data on each member will be held for the duration of membership. Each member has the right to withdraw from membership at any given time in writing at which point all personal data will be removed permanently from Haemophilia NI records.

Each member has the right to request a copy of the data held on them. This request must be made in writing or by e-mail to [NIhaemophilia@outlook.com](mailto:NIhaemophilia@outlook.com) and a reply will be given within one calendar month.