



New Membership Form 2012
Coeliac Society of Ireland

Carmichael Centre, 4 North Brunswick Street, Dublin 7
 www.coeliac.ie

Phone: (01) 872 1471 - Fax (01) 873 5737 – Email: info@coeliac.ie

Branch	MNo	50c Fee applies to all credit/laser transactions <input type="checkbox"/>
Previous Renewal	SF <input type="checkbox"/> OC <input type="checkbox"/>	
Name		Parent/Guardian
Address		
Email (for Coeliac News Online)		
Tel/Mob	Date of Birth	Year of Diagnosis
Symptoms (please tick those that applied at diagnosis): Anaemia <input type="checkbox"/> Fatigue <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Stomach Pain <input type="checkbox"/> Constipation <input type="checkbox"/> Weight Loss <input type="checkbox"/> Failure to Thrive <input type="checkbox"/> Mouth Ulcers <input type="checkbox"/> Bloating <input type="checkbox"/> Indigestion <input type="checkbox"/> Moodiness <input type="checkbox"/> Bone Pain <input type="checkbox"/> Depression <input type="checkbox"/> Rash <input type="checkbox"/> Flatulence <input type="checkbox"/> Vomiting <input type="checkbox"/> IBS <input type="checkbox"/>		

Membership details are kept confidential at all times. The supply of medical information is optional and requested for the purpose of improving support and services to Coeliacs.

Condition Coeliac Dermatitis Herpetiformis Interested Party
Method of Diagnosis Biopsy Blood Test Symptom Only
Other Conditions Diabetes Osteoporsis Thyroid Disease Other
Told of CSI by: Dietitian Doctor Media Literature Internet Member Pharmacy

New members receive an Information Pack which includes the current *List of Foods Suitable for Coeliacs* booklet. The *Food List* is produced annually so membership must be renewed every January/February.

New Membership 2012 €25

Family Membership (2 copies of Food List to 1 household) 2012 €30

Eating Out Language Cards: (please tick and write no of each card required) **€2 Each**

Bulgarian ___ Croatian ___ Chinese ___ Czech ___ Dutch ___
 English ___ French ___ German ___ Greek ___ Hungarian ___
 Italian ___ Spanish ___ Polish ___ Portuguese ___ Turkish ___
 Gluten Free All-Sorts (Cook Book) €10

Donation (optional) €5 €10 €15 €20 other _____

Christmas Cards €5 per pack of 10 special offer 4 packs for €18 incl p&p

Cheque PO Bank Draft Credit Card **Total Amount** _____

Please send me a Direct Debit form for annual renewal of membership in future

Please fill in second page only if you wish to pay your membership fee by credit or laser card. Otherwise please attach a cheque or postal order to the completed form and return it to the address above, marked 'membership'. Most applications are processed within two to three working days. At certain times we experience an influx of renewals which may delay this process however we endeavour to deal with your form as quickly as possible. Please do not send cash in the post.

Office Use Only

Post Date	Lodgment No	Sent By
Items Sent: Pack <input type="checkbox"/> EO <input type="checkbox"/> CB <input type="checkbox"/> CN <input type="checkbox"/> TY <input type="checkbox"/> GMS <input type="checkbox"/> REC <input type="checkbox"/> INV <input type="checkbox"/> CHL <input type="checkbox"/> DD <input type="checkbox"/> FL2 <input type="checkbox"/>		



**New Membership Form 2012
Credit Card Transactions**

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Please **do not email** or fax cc/laser details to this office for security reasons; call or post only.

Office Use	Please note that a €0.50 surcharge applies to all credit card transactions
Name on card	
Billing Address (if different from delivery address)	
Member's name	
Contact Tel	

Visa
 MasterCard
 Laser
 Other

Expiry Date

CVV2 No*

**The CVV2 is located on the back of the credit card above your signature – enter the last three digits only.*

The Coeliac Society receives **little government funding** and is reliant on membership fees to remain in existence. If you wish to make a donation no matter how small, it will assist the Coeliac Society in its aim to promote and protect the interests of its members in relation to the coeliac condition.

Note: Direct Debit are available from www.coeliac.ie or 01 8721471.

Total Debited _____ **Date** _____ **Staff** _____
Goods/Receipt Sent Yes No **Date** _____ **Staff** _____
Items Sent: Pack EO CB CI TY GMS Rec Inv ChL DD FL2
 XC
Trans No _____