MEMBERSHIP FORM

Full Name of your Organisation: ________________________________________________________

Address: ____________________________________________________________________________

Phone: _______________________________ Fax: ________________________________

E mail: ____________________________ Website: ________________________________

Contact Name: ______________________ Role: _______________________________

Chairperson __________________________

What Disorder(s) does your organisation support? _________________________________________

How many members do you represent? ___________________________________________________

Membership fees are based on the previous year’s budget as follows:

<table>
<thead>
<tr>
<th>Budget in Euros</th>
<th>Fees in Euros</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 100,000</td>
<td>50</td>
</tr>
<tr>
<td>Between 100,000 and 500,000</td>
<td>100</td>
</tr>
<tr>
<td>Between 500,000 and 1,000,000</td>
<td>250</td>
</tr>
<tr>
<td>More than 1,000,000</td>
<td>500</td>
</tr>
</tbody>
</table>

Payment to be made to GRDO’s Allied Irish Bank Account:

Account Name: Genetic and Inherited Disorders Organisation Ltd I BAN

IE15 ABK 9310 9821 6921 80

B IC : A BK E 2D

Bank Address: Allied Irish Bank, 9 Terenure Rd, Rathgar, Dublin 6

Please return this form to Fighting Blindness, 1 Christchurch Hall, High Street, Dublin 8, Ireland