

Genetic & Rare Disorders Organisation



Company No: 140743

MEMBERSHIP FORM

Full Name of your Organisation: _____

Address: _____

Phone:	Fax:
E mail:	Website:
Contact Name:	Role:

Chair person _____

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:

Budget in Euros	Fees in Euros
Less than 100,000	50
Between 100,000 and 500,000	100
Between 500,000 and 1,000,000	250
More than 1,000,000	500

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

Account Name: Genetic and Inherited Disorders Organisation Ltd IBAN

IE15 A BK 9310 9821 6921 80

BIC: A BK E2D

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.