Anaphylaxis (Ireland)
P.O. Box 542, Ballinlough, Cork

"Supporting those living with life threatening allergies"

Join our Mailing List

If you would like to be on our mailing list, please complete **(IN BLOCK CAPITALS**) and return this form to address above.

Name ..... Home phone .....

Address ..... Work phone .....

..... Mobile .....

..... Email .....

Relationship to person with allergy .....

We will keep your details on a computer database so we can keep you up to date with current activities.

Suggested Fold Line

Suggested Fold Line

Voluntary contribution:

Note: As we are a voluntary organisation and rely solely on donations, we ask you for a voluntary contribution to cover our costs for items such as postage, stationery, telephone, web hosting etc.

I enclose a voluntary contribution of: €20 ..... Other amount: €..... (Please make all cheques payable to The Irish Anaphylaxis Campaign.)

Can we share your details? One of our functions is to put people in touch with others who wish to talk or meet other people in a similar situation. Under the Data Protection Act we need your permission to do so.

If you are happy for us to share your name, address, telephone number and email address with other people on our database, please tick the box and sign this form. Yes, I agree ❑ No, I do not agree ❑

Data protection Acts, 1988 & 2003: We will hold your details on computer and only use them in connection with the organisation. We may pass your details to your local regional Co-ordinator, but we will not release data to third parties without your permission.

Please sign ..... Date .....

Continued overleaf

Tell us about your Allergy

If there is more than one person in your family with allergies, please use a separate sheet for each person.

Surname ..... First Name ..... Date of birth ..... Male ❑ Female ❑

Allergies (tick as appropriate)

Peanuts ❑

Nuts ❑ (If you know which type, please specify) .....

Sesame ❑

Other seeds ❑ (If you know which type, please specify) .....

Eggs ❑

Milk ❑

Fish ❑ (If you know which type, please specify) .....

Suggested Fold Line

Shellfish ❑ (If you know which type, please specify) .....

Fruit ❑ (If you know which type, please specify) .....

Drugs ❑ (If you know which type, please specify) .....

Insect venom/Bee / wasp stings ❑

Latex (rubber) ❑ Other (please give details) .....

Do you suffer from any of the following? Asthma Hay Fever Eczema (please circle)

How did you hear about us? Family or friend ❑ Media ❑ Doctor or hospital ❑ Other (please specify) ❑ .....

Signature ..... Date .....

For Office use only Ref: Date received: Donation received:€

Tel: 0818 300238 **E mail: info@anaphylaxisireland.ie** **www.anaphylaxisireland.ie**

The Irish Anaphylaxis Campaign Ltd Reg. No. 480998