

## Membership Application Form

### ORGANISATION

<b>Name &amp; Acronym</b>	
<b>President</b>	
<b>Main Address</b>	
<b>Post code</b>	
<b>Telephone</b>	
<b>E-mail</b>	
<b>Website</b>	

### Name of contact for RDI

<b>E-mail</b>	
<b>Telephone</b>	
<b>Address</b> (if different from main address)	

All information from RDI will be sent to this contact person's e-mail and address!

<b>Disease(s) represented</b>	
<b>Number of members</b>	
<b>Annual Budget (€)</b>	
<b>Year of creation</b>	

### Board of Directors

<b>Number of board members</b>	
<b>Number of Board who are patients or family members</b>	

### Income

<b>Does organisation receive financial support from industry?</b> (If yes, please specify)	
<b>Number of industry funding organisation</b>	
<b>% of this financial support in your revenue</b>	

### Attach the following documents to your application:

1. A short description of your organisation's main activities and goals.
2. Statutes / By-laws of your organisation.
3. List of your Board of Directors (indicating for each person if he/she is a patient or family member).
4. Most recent Annual Report (including the financial statement).

Please return this completed form and the documents to:

Rare Diseases Ireland, c/o Suite 108, Camden Business Centre, 12 Camden Row, Dublin 8  
or email to [advocacy@rdi.ie](mailto:advocacy@rdi.ie)