



CYPRUS DIABETIC ASSOCIATION

Head Office: Government Housing Estate, Presidential Palace Area, House No. 50
P.O. Box 25306, 1308 Nicosia, Cyprus
Tel: +357 22669540, Fax No: +357 22662152
email: cyprusdiabeticassociation@cytanet.com.cy

MEMBERSHIP APPLICATION

Please be informed that in order to register you as a member of the Association we have to file your personal data according to the European Union General Data Protection Regulation (GDPR) (2016/679). It is stressed that only the essential personal data is kept purely for communication purposes with you. The said personal data is treated as strictly confidential and it is not transferred to any third parties nor is it processed for any other purposes other than that of informing you about the Association's activities. By completing and signing this form you consent to the Association keeping and processing your personal data in its registry as described above and for communicating with you either by phone, sms messages, post or email.

**IT IS IMPORTANT THAT YOU INFORM THE ASSOCIATION OF ANY CHANGES IN YOUR PERSONAL DATA
THE ANNUAL SUBSCRIPTION FEE OF €10 EXPIRES IN MARCH OF THE FOLLOWING YEAR**

Name: Surname:

**In the case of children under 18 with diabetes, the parents complete and sign this membership form providing their names and communication details thus giving consent as above.*

*Father's Name: *Mother's Name:

Address:

District: Municipality/Village: Postal Code:

Telephones: Land Line: Mob: *

Email*:

Date of Birth:

ID/Passport No.: Occupation:

** Please indicate with a if you wish us to communicate with you at your land line, by mobile phone or email or all three means of communication.*

Are you Diabetic: YES NO DIABETES TYPE: T1 T2 Date of Diagnosis:

Insulin-Dependent: Non-Insulin-Dependent:

Diabetes Regulation Way: Diet: Diet and Medication: Insulin: Pump:

Do You have any Family Members with Diabetes? YES: NO:

If YES please state relationship:

Signature: Date:

FOR OFFICIAL USE ONLY

New Member: Renewal: Membership No:

Payment: Amount: Receipt No.: Cheque No.:

Bank: Transaction No.: Date:

The addresses of the Association's district Offices are:

NICOSIA & KYRENIA: Head Office, Tel. 22669540, **LARNACA:** Old Larnaca Hospital, Τηλ. 24621974,
LIMASSOL: 167 Leontiou A' str., Hawaii Camelia Court, Office. 11, 3022 Limassol, Tel. 25338889, **PAPHOS:** 35 Nicou Antoniadie str.,
8046 Paphos, Tel. 26911828, **AMMOCHOSTOS:** 11 Karaiskakis str., 5289 Paralimni, Tel. 23743799.