

Epilepsy Association Membership

By becoming an Epilepsy Association (trading as Epilepsy Action Australia) member you will have the opportunity to contribute to the governance of the organisation. You will also receive copies of our quarterly magazine, *Epilepsy360°*. Membership is available to persons over the age of 18 years only.

Title* First Name* Surname*
Address*
Suburb* State* Postcode*
Date of Birth* Phone Number*
Email Address
Organisation Job Title
(If applicable) ** denotes compulsory information*

Your relationship to a person with epilepsy or other seizure disorders:

Self Friend Family Professional Service Provider Other

Please accept my membership payment of AUD \$20.00

Cheque/Money Order Credit Card (details below)

Credit Card Information: (Details must be completed in full).

Card Type: Visa / Mastercard / Amex / (Please circle)

Card Number:

Name on Card:

Expiry Date: ____ / ____

Signature: Date:

Please **do** / **do not** send me a copy of the annual report. (Please circle)

Your completed forms can be:

- Posted to GPO Box 9878 IN YOUR CAPITAL CITY
- Faxed to 1300 88 68 94
- Emailed to epilepsy@epilepsy.org.au

If you have any questions please phone 1300 37 45 37

Your personal information will be kept on file and treated confidentially. Please refer to Epilepsy Action Australia's Privacy policy at http://www.epilepsy.org.au/privacy_policy.asp.

From time-to-time we may contact you for marketing purposes for example promotion of workshops, upcoming events and appeals. If you prefer that we do not, please advise us.