

**President:** Dr Stephen Malone  
**Vice President:** Dr Kaitlyn Parratt  
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**Epilepsy Society of Australia Limited**

ABN: 73 602 950 318

Australian Chapter of the International League Against Epilepsy

**2023-2024 New Membership Application Form and Tax Invoice**

The Epilepsy Society of Australia Ltd. is a professional organisation for clinicians, scientists and technologists involved in the care of people with epilepsy in Australia, and forms the Australian Chapter of the International League Against Epilepsy.

**Nomination**

I, the undersigned, propose that \_\_\_\_\_ (print full name) be admitted as \_\_\_\_\_ (membership category) Member of the Epilepsy Society of Australia.

Proposed by \_\_\_\_\_ (Print Name) \_\_\_\_\_ Signature

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**Application** - I hereby apply for:

- Ordinary** (clinical, scientific or technical personnel working in the field of epilepsy or in kindred fields in Australia, or Australian citizens/permanent residents working abroad). Annual subscription: AU\$165.00 incl of GST. Entitled to vote at meetings of members.
- Ordinary – special group** (as for Ordinary membership, discount applies to special groups such as nursing, technician, trainee/student groups). Annual subscription: AU\$ 82.50 incl of GST. Entitled to vote at meetings of members.
- Senior** (as for Ordinary members, however retired from active work in epilepsy). Membership is for life. Annual subscription: free. Not entitled to vote at meetings of members.
- Associate** (elected from other ILAE or IBE chapters). Annual subscription: free. Not entitled to vote at meetings of members.
- Honorary** (awarded for outstanding contribution to the field of epilepsy). Annual subscription: free. Not entitled to vote at meetings of members.

**Membership of the above named company and provide my contact information below. I agree to be bound by the Rules of the Epilepsy Society of Australia Ltd.**

Signed \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Contact Details**

Title:	_____	First Name:	_____	Surname:	_____
Position:	_____				e.g. neurologist, nurse, scientist...
Department:	_____				
Institution:	_____				
Street:	_____				
Suburb:	_____	State:	_____	Postcode:	_____
Country:	_____				
Phone:	_____	Mobile:	_____		
Email:	_____				

I agree to my contact details being disclosed to the international League Against Epilepsy (ILAE) for inclusion on their mailing list. Yes  No

*The Epilepsy Society of Australia will not disclose information about the members to third party organisations without prior approval.*

**Payment Details**

Payment Method: Cheque  *Cheques should be made payable to Epilepsy Society of Australia*

Credit Card: Visa  Mastercard

Credit Card No: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Card Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ CVV No: \_\_\_\_\_

Amount: Ordinary Membership: \$165.00  Special Group Membership: \$82.50

*Please see above for explanation of subscription types.*

- I would also like to make a donation of AU\$\_\_\_\_\_ to Epilepsy Society of Australia
- I would like more information on donating regularly from my bank account or credit card by automatic debit.

*Your donation will directly support ESA's professional education program*

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*NB: Receipts will not be issued unless requested.*