

President: Dr Terence O'Brien
Vice President: Dr Deepak Gill
Secretary: Dr Patrick Carney
Treasurer: Dr Dean Jones
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Epilepsy Society of Australia Limited
ABN: 73 602 950 318

Australian Chapter of the International
League Against Epilepsy

2019-2020 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: ____/____/2019

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.