President: Dr Michelle Kiley
Vice President: Dr John Archer
Secretary: Dr Patrick Carney
Treasurer: Dr Josephine Chan
Administrative Office: PO Box 2137, Glenelg SA 5045
Phone: 0400 280 811 / **Fax:** 08 8295 4829

Australian Chapter of the International League Against Epilepsy

Epilepsy Society of Australia Limited
ABN: 73 602 950 318

2017-18 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:** _____/ _____/ 2017

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.