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Nomination for New ESA Membership Application

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 _____

Date _____

Categories of membership are:

- **Ordinary membership** – Consultant Medical Practitioner, A/Prof or Professor (including our scientific and neuropsychology colleagues) working in the field of epilepsy or in kindred fields in Australia, or Australian citizens/permanent residents working abroad.
- **Ordinary membership – special group** – as for Ordinary membership, discount applies to special groups such as Trainees, Fellows, nurses, research/clinical students, community Organisations, allied health, EEG scientist/ technicians, research Scientist (non-professorial), parental leave.
- **Associate membership** – Associate Members may be elected to the Company from other ILAE or IBE chapters. Associate Members may be entitled to receive all of the Company’s information and discounts, but are ineligible to vote at meetings of members. Annual subscription is free.