

# Membership Form

Membership of Epilepsy Queensland benefits you as well as others. We invite you to join or renew your membership without delay.

Your membership of Epilepsy Queensland helps change many lives. Since 1969 Epilepsy Queensland has operated a vital community service, dedicated to improving the quality of life of children and adults with epilepsy, their families and carers. Support, community education, information and advocacy services are provided to people from across Queensland. Add your voice to others to strengthen our efforts to educate the community and advocate for people with epilepsy. Together we can make a difference!

Please continue to help improve the quality of life for 90,000 adults and children affected by epilepsy by joining or renewing your membership today!

One year membership costs are—

<b>Pensioner \$20.60</b>	<b>Ordinary \$27.50</b>
<b>Community \$55.00</b>	<b>Corporate \$68.75</b>

*(Two and three year membership options are also available.)*

In addition to your involvement in our organisation, when you join or renew your membership, you can access the following benefits—

- Membership card
- Free copies of Epilepsy Queensland's '**The Flame**' and Epilepsy Australia's '**Epilepsy Report**'
- Members' children can join the **Little Poss Club** and receive great additional benefits including birthday cards and newsletters
- An **invitation** to attend the AGM and Presentation Awards event
- **Discounts** on publications
- **Discounts** to attend special events
- **Discounts** for some training events
- **Free registration** to Epilepsy Queensland's annual seminar and workshops for individual pensioner and ordinary members
- The **opportunity** to help yourself and others with epilepsy in Queensland

If we can be of any further assistance, please contact us by telephone on **(07) 3435 5000, 1300 852 853** (*outside Brisbane*) or by email at [admin@epilepsyqueensland.com.au](mailto:admin@epilepsyqueensland.com.au).

If you have already paid your renewal for 2011/2012, we thank you for your continuing support. Maybe you also know someone who is as dedicated as yourself and would like to support Epilepsy Queensland too? It would be wonderful if you could pass this letter on to them for us!

*Thank You!*

**...bringing epilepsy out of the shadows**



epilepsy  
queensland | inc

**2011/2012**

PO Box 1457  
Coorparoo BC Qld 4151

Telephone (07) 3435 5000 or  
1300 852 853 (*outside Brisbane*)

Fax (07) 3435 5025

[admin@epilepsyqueensland.com.au](mailto:admin@epilepsyqueensland.com.au)  
[www.epilepsyqueensland.com.au](http://www.epilepsyqueensland.com.au)

ABN 42 025 269 961



Office Use Only	
Membership #	_____
Date Processed:	_____
Expiry Date:	_____

**Yes!** I would like to help Epilepsy Queensland change lives . . . by becoming a **MEMBER**

	PENSIONER	ORDINARY	COMMUNITY	CORPORATE
1 Year	<input type="checkbox"/> \$20.60	<input type="checkbox"/> \$27.50	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$68.75
2 Years	<input type="checkbox"/> \$37.20	<input type="checkbox"/> \$51.00	<input type="checkbox"/> \$106.00	<input type="checkbox"/> \$132.50
3 Years	<input type="checkbox"/> \$55.80	<input type="checkbox"/> \$76.50	<input type="checkbox"/> \$159.00	<input type="checkbox"/> \$199.25
	<input type="checkbox"/> I am a renewal	<input type="checkbox"/> I am a new member		

*Note: Membership fees fall due on 1 July. Your membership fee includes GST.*

**Yes!** I would like to help Epilepsy Queensland change lives . . . by making a **DONATION**

*Donations \$2 and over are tax deductible*

An easy, automatic monthly donation

\$10     \$15     \$50     \$30    or    \$ \_\_\_\_\_ *(set your own amount)*

OR

A single donation

\$15     \$20     \$50     \$100    or    \$ \_\_\_\_\_ *(set your own amount)*

### My Details

Title \_\_\_\_\_ First Name \_\_\_\_\_ Family Name \_\_\_\_\_

Organisation *(if applicable)* \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email \_\_\_\_\_ D.O.B *(optional)* \_\_\_\_\_

Please send me a registration form for Epilepsy Queensland's Little Poss Club

Please send me information about remembering Epilepsy Queensland in my will

I would like to become a volunteer

### Payment Details

### TAX INVOICE

Please find enclosed my cheque/money order

*made payable to Epilepsy Queensland* OR

Please debit my  Visa  Mastercard

Card number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry date \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Signature \_\_\_\_\_

I enclose payment for membership

\$ \_\_\_\_\_

I enclose donation of

\$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

On behalf of the 90,000 Queenslanders with epilepsy . . . **Thank You!**