

Epilepsy Queensland Inc

PO Box 1457, Coorparoo BC Qld 4151 Telephone (07) 3435 5000 or 1300 852 853



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

I am a renewal
 I am a new member

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

Donations over \$2 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 _____

Address _____

Postcode _____

Telephone (home) _____ (work) _____ (mobile) _____

Fax/email _____ D.O.B _____

Please send me a registration form for the Little Poss Club for children under 18

Please send me information about the Family Support Program

Payment Details

TAX INVOICE

Please find enclosed my cheque/money order

Or Please debit my: Visa Mastercard

Card number: _____ / _____ / _____ / _____

Expiry date: ____ / ____ Cardholder's Name: _____

Signature: _____

I enclose payment for membership

\$ _____

I enclose donation of

\$ _____

Total \$ _____

Please retain a copy of this Tax Invoice for your records.

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

On behalf of the 80, 000 Queenslanders with epilepsy, **Thank You**