



Membership Form

Epilepsy Queensland

Since 1969, Epilepsy Queensland has been dedicated to our mission to bring epilepsy out of the shadows and optimise life for people living with epilepsy. As the only Queensland based epilepsy support organisation, we provide essential services, training and programs for people with epilepsy, their family/carers, plus disability, health and education workers.

Your membership with Epilepsy Queensland benefits you as well as others! Our members give us a powerful voice – one that is listened to by Government, medical organisations and service providers. It enables us to strengthen our efforts to educate the community plus advocate for and support people with epilepsy. Together we can make a difference!

Concession, Individual and Family Member Benefits

- ▶ Complimentary copies of 'The Flame' magazine
- ▶ Members' children are invited to join our Little Poss Club and receive birthday cards, newsletters and invitations to attend Little Poss' birthday party
- ▶ Invitation and voting rights at the Annual General Meeting and Awards Night
- ▶ Discounts on publications and books
- ▶ Free registration (for members who have epilepsy and/or their families) to attend Epilepsy Queensland's in-house daytime "Understanding Epilepsy" and "Administration of Midazolam" workshops in Brisbane
- ▶ Discounted admission to attend Epilepsy Queensland's regional workshops, annual symposium and special events

Organisation (Community, Government and Corporate) Member Benefits

- ▶ Complimentary copies of 'The Flame' magazine
- ▶ Invitation to attend the Annual General Meeting and Awards Night
- ▶ Discounted rate for epilepsy training at your workplace
- ▶ Discounts on displays at our annual symposium
- ▶ Discounts on publications and books

Contact Details

Title _____ First Name _____ Surname _____

Organisation (if applicable) _____ Position Title _____

Postal Address _____

Telephone Home _____ Work _____ Mobile _____

Email _____ Date of birth _____

I am a.... Person with epilepsy Parent of a child with epilepsy Family member of a person with epilepsy
 Medical service provider Disability/Community worker Other _____

Please return completed membership form to PO Box 1457 Coorparoo BC QLD 4151

To join or renew your membership securely online, please go to www.epilepsyqueensland.com.au/member-form
For further assistance or information please contact us on **07 3435 5000, 1300 852 853** (for outside Brisbane) or
by email at **member@epilepsyqueensland.com.au**

I would like to receive Flame magazine containing epilepsy news and management, living with epilepsy stories, upcoming events and activities via

Email Post Do not send

I would like to receive Epilepsy Queensland monthly electronic E-News containing the latest epilepsy news about research, treatments, events and activities

Yes (I have included my email address) No

How did you hear about Epilepsy Queensland:-

Facebook Website Advertisement

Word of mouth Social Media

Please send me information about remembering Epilepsy Queensland in my Will Yes No

Please send me information about fundraising activities and appeals Yes No

Please send me information about Education events/workshops Yes No

Medical Professional Family/Friend

Other _____

Membership Type**

	Concession	Individual	Family <i>Two+ adults at the same address</i>	Organisation
1 Year	<input type="checkbox"/> \$35 Copy of concession card must accompany membership form	<input type="checkbox"/> \$40	<input type="checkbox"/> \$55	<input type="checkbox"/> \$100
2 Year		<input type="checkbox"/> \$70	<input type="checkbox"/> \$95	<input type="checkbox"/> \$180
3 Year		<input type="checkbox"/> \$100	<input type="checkbox"/> \$150	<input type="checkbox"/> \$280

I am a..... New Member Renewal *Note: Membership fees are due on 30 June annually*

I would also like to help Epilepsy Queensland make a difference by giving a tax deductible donation:

\$10 \$25 \$50 \$100 OR Other \$ _____

This is a one off donation I would like to donate monthly until I advise further

Payment Details

Membership fee includes GST.

*Donations over \$2 are tax deductible and are gratefully received.

Membership \$ _____

*Donation \$ _____

TOTAL: \$ _____

Payment Options

My cheque or money order is enclosed.

Please make cheque & money orders payable to Epilepsy Queensland.

Charge my  

Number:

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Expiry:

____|____|/____|____|

Cardholder's signature:

Cardholder's name:

Automatic Renewal

Would you like to automatically renew your membership each year? Yes No

We are able to securely retain your credit card information and automatically renew your membership on 30 June each year. Cancel anytime by contacting our office. Please note, automatic membership renewals must be paid by credit card.

Epilepsy Queensland respects your right to privacy. Epilepsy Queensland is committed to collecting, disclosing and handling personal information in accordance with the Privacy Act 1988 and Australian Privacy Principles.

To view our Privacy Statement, please go to www.epilepsyqueensland.com.au

**Prices subject to change without notice

Office Use Only

Membership # _____

Date Processed: _____

Expiry Date: _____