

Membership Form

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

CONCESSION **SINGLE** **CORPORATE**
\$25 **\$30** **\$50**
1 Year
 I am a renewal **I am a new member**

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

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

\$10 \$20 \$50 \$100 or \$ _____ (set your own amount)
 This is a once off donation **I would like to donate monthly until I advise further**

Personal Details

Title _____ First Name _____ Surname _____

Organisation (if applicable) _____

Address _____

Postcode _____

Telephone H _____ W _____ M _____

Email _____ D.O.B. (optional) _____

- Please send my Tax Receipt via Mail Email Do not send
 Please send me information about remembering Epilepsy WA in my will
 I would like to become a volunteer

Optional Information - I am a Parent or Family Member of person with epilepsy Person with epilepsy
 Disability/Community worker Medical Service Provider

How did you hear about EWA: Facebook Website Medical Professional Word of mouth
 Advertisement Other _____

Payment Details

Please find enclosed - Cash Cheque (made to Epilepsy WA)

Bank Deposit BSB 066125 ACC 00900667

Please debit my Visa Mastercard

Card number _____ / _____ / _____ / _____

Expiry date _____ / _____

Cardholder's Name _____ Signature _____ Date: _____

I enclose payment for membership

\$ _____

I enclose a tax deductible donation of

\$ _____

Total \$ _____