


Edmonton Epilepsy Association
The Epilepsy Association of Northern Alberta

MEMBERSHIP AND DONATION FORM

Date _____ New Member Renewal
Name _____ Address _____
City _____ Province _____ Postal Code _____
Home Phone # _____ Work Phone # _____ Cell # _____
Email Address _____

Are you: a person with epilepsy a Healthcare Professional an Education Professional
 a parent of a child with epilepsy: Child's name _____ age _____ gender _____
 a spouse of a person with epilepsy: Spouse's name _____ age _____ gender _____
 an agency/group home staff person
 Other: _____

ANNUAL MEMBERSHIP FEE \$15

DONATION (optional) I'd also like to make a donation to support the work of the Edmonton Epilepsy Association. Enclosed is:
 \$25 \$50 \$75 \$100 other amount \$ _____

PAYMENT OPTIONS

Cheque enclosed VISA MasterCard AMEX

Card Number _____

Expiry Date _____ Signature _____

IMPORTANT INFORMATION – PLEASE READ CAREFULLY AND MARK YOUR PREFERENCE!

PRIVACY

Edmonton Epilepsy Association respects your right to privacy. Our membership list is not shared with any other organization. As a member or donor, we are pleased to provide you with information on epilepsy, as well as upcoming activities and events via newsletters, notices and other mail items or by telephone, by staff and/or volunteers of the Edmonton Epilepsy Association.

To conform to the requirements of Canadian Anti-Spam legislation, we would like you to indicate below how you wish - or do not wish - us to communicate to you:

- I do consent to receive communications by email from Edmonton Epilepsy Association **or**
- I do not consent to receive communications by email from Edmonton Epilepsy Association, but do consent to receive such communications by regular mail **or**
- I do consent to receive communications from Edmonton Epilepsy Association by both email and regular mail **or**
- I do not consent to receive communications from Edmonton Epilepsy Association by either email or regular mail.

Your consent may be changed or revoked at any time by so advising us accordingly in writing by email, regular mail, or fax.

Signature

Date

Please return with payment to:
EDMONTON EPILEPSY ASSOCIATION
11215 Groat Road NW, Edmonton AB T5M 3K2
Phone 780-488-9600 Fax 780-447-5486
Toll Free 1-866-374-5377