

  
**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**  \$20

**DONATION** (optional) I'd also like to make a donation to support the work of the Edmonton Epilepsy Association. Enclosed is:  
 \$20  \$30  \$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