



**Administrative Office:**

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**2010-11 Membership Renewal and New Membership Application Form and Tax Invoice**

ABN: 657 870 21924 Date: 30/6/2010

The Epilepsy Society of Australia is a professional organisation for clinicians, scientists and technologists involved in the diagnosis, treatment and research of epilepsy in Australia, and forms the Australian Chapter of the International League Against Epilepsy. The subscription rate is \$150 + GST for consultant physicians, surgeons, academics and hospital medical officers. A special group rate of \$75 + GST is available to nurses, postgraduate students, medical and research scientists, research assistants, EEG technologists, allied health professionals and research fellows. Please return completed form to:

**ESA, c/o Department of Neurology, Westmead Hospital, PO Box 533, Wentworthville, NSW 2145, Australia.**

**Application Type**

This is a new membership application

This is a membership renewal

*If you did not receive a personalised renewal form in the mail, it is important that you provide us with correct contact details below so that we can send you important communications.*

**Contact Details**

Title:  First name:  Surname:

Position:  e.g. neurologist, nurse, scientist...

Department:

Institution:

Street:

Suburb:  State:  Postcode:

Country:

Phone:  Mobile:

Facsimile:

Email:

I agree to my contact details being disclosed to the International League Against Epilepsy (ILAE) for inclusion on their mailing list. Yes  No

*The Epilepsy Society of Australia will not disclose information about its members to third party organisations without prior approval.*

**Payment Details**

Payment method: Cheque  Cheques should be made payable to Epilepsy Society of Australia

Credit Card VISA  Mastercard  Bankcard

Credit Card No.:

Cardholder's Name:

Card Expiry Date:

Amount: Ordinary membership: \$165.00  Special group membership: \$82.50

*Please see above for explanation of subscription types.*

Signature:

Date:

*NB: Receipts will not be issued unless requested.*