

President: Dr Simon Harvey
Vice President: Prof Terence O'Brien
Secretary: Ms Jill Bicknell-Royle
Treasurer: Dr Mark Newton



Administrative Office:

Children's Neuroscience Centre, Royal Children's Hospital, Flemington Road, Parkville, Victoria 3052, Australia
Telephone: +61 3 9345 4286 Fax: +61 3 9345 5977 Email: enquiries@epilepsy-society.org.au Internet: www.epilepsy-society.org.au

2009-10 Membership Renewal and New Membership Application Form and Tax Invoice

ABN: 657 870 21924 Date: 30/6/2009

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 Children's Neuroscience Centre, Royal Children's Hospital, Flemington Road, Parkville, Victoria 3052, 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:

Fascimile:

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: / /

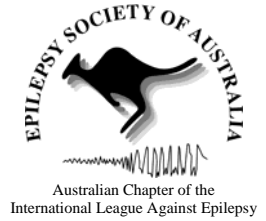
NB: Receipts will not be issued unless requested.

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Donate to the Epilepsy Society of Australia's Foundation Fund

ABN: 65 787 021 924

Medical research into the causes, consequences and treatments of epilepsy is conducted by ESA members at many Australian hospitals, universities and research institutes. The ESA seeks applications from Australian research groups for funding, reviews applications from research groups for scientific quality and feasibility, assesses the track record of research groups applying for funding, and distributes ESA research funds to worthy projects and groups. The ESA fosters research through provision of scholarships and hosting of its Annual Scientific Meeting.

The ESA also provides seed funding and in-kind support for training initiatives in Australia and Asia-Oceania, such as the Australian Pregnancy Register, the East Timor Epilepsy Project and the SEISMIC Project.

If you would like to donate to the ESA Foundation Fund, please complete the form below and return it to:

*Epilepsy Society of Australia
Children's Neuroscience Centre
Royal Children's Hospital
Flemington Road
PARKVILLE VIC 3052*

The ESA Foundation Fund has Deductible Gift Recipient status from the Australian Taxation Office.

Title:	<input type="text"/>	First name:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>				
	<input type="text"/>				
Suburb:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>
Email:	<input type="text"/>			Phone:	<input type="text"/>
I would like to make a donation of:					
<input type="checkbox"/>	\$100	<input type="checkbox"/>	\$50	<input type="checkbox"/>	\$25
<input type="checkbox"/>	Other amount: \$				<input type="text"/>
Please:					
<input type="checkbox"/>	Find enclosed a cheque made payable to Epilepsy Society of Australia				
<input type="checkbox"/>	Charge the above amount to the following credit card:				
<input type="checkbox"/>	Visa	<input type="checkbox"/>	Mastercard	<input type="checkbox"/>	Bankcard
Credit card number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardholder's name:	<input type="text"/>				
Signature:	<input type="text"/>			Date:	<input type="text"/>

Receipt will be issued to the name and address provided.