



Membership Form

Please tick Membership Category:

Membership Renewal

New Membership

Membership Options:	Newsletter By Email	Newsletter By Post
1 Year: Free Silicone Wristband & Safety Pillow Discount; AGM Voting Rights	<input type="checkbox"/> €15.00	<input type="checkbox"/> €25.00
3 Year: Free Silicone Wristband, National Conference Discount, Safety Pillow Discount, Membership card with Discounts for Bus Eireann & Select Hotels(Subject to Terms & Conditions), Free Epilepsy Resource Pack; AGM Voting Rights	<input type="checkbox"/> €40.00	<input type="checkbox"/> €70.00
5 Year: Full Membership Package: National Conference Discount; Free Safety Pillow; Free Silicone Wristband, Conference Discount, Membership card with Discounts for Bus Eireann & Select Hotels(Subject to Terms & Conditions), Free Epilepsy Resource Pack; AGM Voting Rights	<input type="checkbox"/> €55.00	<input type="checkbox"/> €105.00
All our Epilepsy Support Services are free of charge at this time		

Epilepsy Ireland requires this information to process your application, post membership-related material to you, and to keep you informed of events, issues, and opportunities relating to epilepsy or to the aims of the Association.

If you wish to receive such communication, please tick here

Post Email Phone Sms Text

*Your data will be processed in accordance with our privacy policy, please see www.epilepsy.ie

Payment Method

- Credit/ Debit Card (see below)
- Cheque/ Postal order/ Bank Draft (payable to Epilepsy Ireland)

I would like to help continue the work of Epilepsy Ireland by making a voluntary donation

€10 €20 €30 €50 €100 own amount

Total Enclosed € _____

Title _____ Name _____

Address _____

Tel No _____ Mobile _____

E-mail _____ Date of Birth _____

I am a person with epilepsy I am the parent/ guardian of a child with epilepsy * Other _____

* Parents/ Guardians – Please enter your name here if you wish us to send all correspondence to you instead of child

Name of Parent/ Guardian for correspondence: _____

Tick here if you would like to receive our regular EZINE news Bulletin. Clearly write in your e-mail address

Tick here if you would like to find out more about volunteering & fundraising for Epilepsy Ireland

Card Payments

I wish to pay by: Visa Mastercard and I authorise you to debit my account with the sum of € _____

Name on Card _____

Card Number _____ Expiry Date (mm/yy) _____ CVV No _____

Signature _____ Date _____