

MEMBERSHIP FORM

Please tick Membership Category:

Membership Renewal:

New Membership:



Effective from May 1st 2019

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 of Discounts for Bus Eireann Travel and Select Hotels (Subject to 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; Membership card of Discounts for Bus Eireann Travel and Select Hotels (Subject to Conditions); Free Epilepsy Resource Pack; AGM Voting Rights	<input type="checkbox"/> €55.00	<input type="checkbox"/> €105.00

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:

By 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 €

All our Epilepsy Support Services are free of charge

Title Name

Address

..... Tel No

Mobile Email 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 above.

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)..... CVW number

Signature Date