



MEMBERSHIP FORM

My Details:			
Title	First Name		Family Name
Organisation <i>(if applicable)</i>			
Address			
Email			
Telephone	(H)	(W)	(M)
Family Details <i>(if applicable)</i>			
I would like to make a Donation to The Epilepsy Centre SA & NT			
Amount \$ _____			

	CONCESSION*	ORDINARY	FAMILY**	
	\$27.00 <input type="checkbox"/>	\$38.00 <input type="checkbox"/>	\$69.00 <input type="checkbox"/>	1 Year <input type="checkbox"/>
	\$47.00 <input type="checkbox"/>	\$70.00 <input type="checkbox"/>	\$130.00 <input type="checkbox"/>	2 Years <input type="checkbox"/>
	\$70.00 <input type="checkbox"/>	\$105.00 <input type="checkbox"/>	\$190.00 <input type="checkbox"/>	3 Years <input type="checkbox"/>
	<input type="checkbox"/> I am a Renewal		<input type="checkbox"/> I am a New Member	
<i>Note: Membership fees fall due on 1 July. Your membership fee includes GST. *Copy of Concession Card is required **Family includes two primary carers and any children under 18 years of age</i>				

Total Amount

My cheque/cash is enclosed

OR — Please charge my: Visa Mastercard

Amex

Expiry:

Vendor's Bank Details: Epilepsy Association of South Australia & The Northern Territory Inc
NAB Bank: King William Street BSB: 085-005 Account Number: 84-672-4934

The Epilepsy Centre
 274 Grange Road, Flinders Park 5082
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