MEMBERSHIP FORM

☐ Pay 12 Months Membership - $30 Date: .....

☐ Add an additional tax deductable donation

☐ $10 ☐ $20 ☐ $30 ☐ $50 ☐ $100 or ☐ $ .....

☐ **This is a once off donation.** ☐ **I would like to donate monthly until further notice.**

Personal Details

First Name: ..... Surname: .....

Date of Birth: ..... ☐ Male ☐ Female ☐ Non-Binary ☐ Prefer not to say

Address: .....

State: ..... Post Code: .....

Phone: ..... Mobile: .....

Email: .....

Do you identify as being from a Culturally & Linguistically Diverse (CALD) group? ☐ **Yes** ☐ **No**

Aboriginal & Torres Strait Islander Status:

☐ Aboriginal but not Torres Strait Islander
☐ Torres Strait Islander but not Aboriginal
☐ Both Aboriginal and Torres Strait Islander
☐ Neither Aboriginal and Torres Strait Islander

☐ **Please add me to your mailing list**

Optional Information: ☐ Person with epilepsy ☐ Parent or Family member of person with epilepsy ☐ Carer/Disability/Teacher/ Community worker

Would you like to volunteer?

☐ Fundraise – including selling merchandise/helping at BBQ's/events etc.
☐ Provide support/mentor people with epilepsy, including family and friends
☐ Help us to raise awareness - including public speaking, interviews and meetings
☐ Share your Epilepsy story
☐ Other, please specify: .....

Payment Details TAX INVOICE

☐ Electronic Funds Transfer *(BSB: 032 713 Account: 185232)*
☐ Call me to make payment via phone
☐ Payment made using QR code

or

Please debit my credit card: ☐ VISA ☐ Mastercard

Card Number: ..... /...../...../ ..... **Total Amount: $** .....

Expiry Date: ..... /.....

Cardholder's Name: ..... Cardholder's Signature: .....

Please send this form to: Epilepsy ACT, PO Box 3744, Weston Creek, ACT, 2611 or Email: admin@epilepsyact.org.au

Your privacy is our priority. All personal information remains confidential. We will not disclose your details to any other organisation.

ABN: 11 477 115 050