

Membership Application Form

Epilepsy Durham Region serves as a resource for its membership and the epilepsy community by providing access to data on the latest breakthroughs and technologies and community resources.

Epilepsy Durham Region members have convenient access to:

- Access to confidential individual and family support
- Access to *Change the Face of Epilepsy* Lecture Series, employment consultation and advocacy
- Borrowing privileges from our extensive resource library
- Subscription to Epilepsy Durham Region Communiqué newsletter produced quarterly
- Complimentary Epilepsy Ontario's quarterly newsletter 'Sharing'
- Voting privileges at Epilepsy Durham Region Annual General Meeting
- Post secondary students are eligible for the annual \$1,000 Scholarship

Name: _____ Occupation: _____

Address: _____ Apt. or Unit # _____

City: _____ Postal Code: _____

Telephone Numbers

Work: _____ Ext. _____ Home: _____

Email: _____ Cell phone #: _____

How did you hear about us?

EDR's Website local library local newspaper local SNAP newspaper my physician's office

Other (please specify): _____

Can you tell us who in your family has epilepsy: Myself Spouse Child(ren)
 Male Female Age of Child(ren): _____

Membership Fee: \$15.00 (for the first year) Renewal Fees: \$10.00 (Renewable each October 31st)

Are you interested in becoming a volunteer with Epilepsy Durham Region? Yes No

Would you be interested in attending discussion group meetings? Yes No If yes: Day Time Evening

Signature Print Name Date

I would like to make a donation in addition to my membership fee:

- \$25.00 \$50.00 \$100.00 \$500.00 Lifetime member: \$1000.00

*Note: Epilepsy Durham Region will not trade or sell the names of our members.
All information is kept strictly confidential within Epilepsy Durham Region.*

Please complete and send to:
850 King Street West, Unit 20, Oshawa, ON L1J 8N5
Tel: (905) 571 2099 Fax: (905) 571 0995 www.epilepsydurham.com