



Please do not fill in

Nu. Membership card _____

Date of the demand _____

MEMBERSHIP REQUEST

Child with epilepsy [] **Adult with epilepsy** [] Sympathizing adult []
Parent [] **Immediate family member** [] Sympathizing child []
(Ex. : spouse, brother, sister, grandparents, etc.) Organization and professionals []

Last name and first name : _____

Address : _____

Town : _____ Postal Code _____

Date of birth : _____

Allergies (for activities) : _____

Phone. res. : _____ Phone. off. : _____ Cell : _____

E-MAIL ADDRESS : _____

(If you have one, it would be important to provide it to us, because for the sake of the environment and to reduce paper waste, we will send all mailings to your e-mail address)

CHILDREN AND EPILEPTIC ADULTS ONLY (to be completed)

Name of doctor (family, pediatrician) : _____

Place where he/she practices : _____

Name of neurologist : _____

Place where he/she practices : _____

ANNUAL DUES : 5,00 \$ (must be renewed each year, no membership for subsequent years will be accepted)

AMOUNT INCLUDED : _____ (Cash) (Check)

COMMUNITY ORGANIZATIONS, BUSINESSES, PROFESSIONALS 20,00 \$

Your Profession : _____

Signature : _____

(for a child, a parent's signature is required.)

Please send us your completed membership application along with the amount or your check to :

Épilepsie Gaspésie Sud
114 Gérard-D Lévesque
C.P 550
New Carlisle (Québec) G0C 1Z0