



Please do not fill in

Nu. Membership card \_\_\_\_\_

Date of the demand \_\_\_\_\_

## MEMBERSHIP REQUEST

Child with epilepsy [ ]    Adult with epilepsy [ ]  
Parent [ ]    Immediate family member [ ]  
(Ex.: spouse, brother, sister, grandparents, etc.)

Sympathizing adult [ ]  
Sympathizing child [ ]  
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: 8,00 \$ (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, boul. Gerard-D Lévesque  
New Carlisle (Québec) G0C 1Z0