



Epilepsy Newfoundland and Labrador

Membership Application/Renewal Form

Membership with ENL entitles the member to a wide range of services and benefits. Please contact the association or visit our website at www.epilepsynl.com for a complete listing. Cost of membership is \$5.00 which may be waived in extenuating circumstances. Membership is valid from June 1st - May 31st of each year. Epilepsy Newfoundland and Labrador is a proud member of the Canadian Epilepsy Alliance

MEMBER INFORMATION

First Name	Last Name
Address	City/Town
Province	Postal Code
Telephone	Fax
Email	Date Of Birth

MEDICAL INFORMATION

1. Do you or a loved one have epilepsy? Please circle.	Yes	No
2. What is the relationship of this person to you? Please circle.	Self	Other (specify)
3. Birth date of person with epilepsy (mm/dd/yyyy)		
4. What type/types of seizures are present?		
5. What medications are prescribed for these seizures?		
6. Additional Comments and Suggestions: - Are there any issues regarding epilepsy that you would be interested in learning more about? Please feel free to let us know how we can serve you better or what sorts of services would be helpful to you.		

I WOULD LIKE TO HELP

<input type="checkbox"/> I am enclosing my annual membership fee of \$5.00
<input type="checkbox"/> I am enclosing an additional donation of \$ _____
<input type="checkbox"/> I would like to become a volunteer. (We can use volunteers from right across the province) Please tell us the kinds of activities you would be interested in helping with.

PLEASE SIGN

Signature	Date
If you prefer to use VISA or MasterCard simply fill in the following:	
Account #	Expiry Date

Please forward this application, along with the membership fee of \$5.00 to:

Epilepsy Newfoundland and Labrador
26 O'Leary Avenue, St. John's, NL A1B 2C7
Telephone: (709) 722-0502 Fax: (709) 722-0999
Email: info@epilepsynl.com Website: www.epilepsynl.com

Thank you for your support and for helping to foster the awareness of living with epilepsy.