



Epilepsy and Seizure Association of Manitoba

MEMBERSHIP FORM

NAME: _____

ADDRESS: _____

POSTAL CODE: _____ TELEPHONE _____

PLEASE CHECK ONE OF THE FOLLOWING

_____ I WOULD LIKE TO RENEW MY MEMBERSHIP TO THE EPILEPSY AND SEIZURE ASSOCIATION OF MANITOBA FOR THE YEAR APRIL 1 2019 - MARCH 31 2020.

_____ I AM A NEW MEMBER AND WOULD LIKE TO JOIN THE EPILEPSY AND SEIZURE ASSOCIATION OF MANITOBA FOR THE YEAR APRIL 1 2019 - MARCH 31 2020

PLEASE SEND MY NEWSLETTER TO ME:

_____ BY REGULAR POST, TO THE ADDRESS LISTED ABOVE

_____ BY EMAIL. MY EMAIL ADDRESS IS: _____

MEMBERSHIP FEES ARE \$10.00 FOR THE YEAR.

Epilepsy and Seizure Association of Manitoba

4-1805 Main Street, Winnipeg, Manitoba R2V 2A2

esam@manitobaepilepsy.org