**Epilepsy Alliance Africa (EAA)**

**Membership Form**

Thank you for showing interest in Epilepsy Alliance Africa (EAA). EAA welcomes new members at any time. If you are a new or existing association or individual advocates or champions for epilepsy, please contact us for easy registration. Membership fee is US$20 per annum/year. Donations are welcome. Bank details will be provided after submitting this form to epilepsyallianceafrica@gmail.com

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| --- | --- |
| **Name of Association or Individual****Registration Number (if available):**  | **Alliancee No:** |
| **Address:** **Country:** |
| **Contact person: Title:**  **Signature:** |
| **Email:** | **Mobile:** |
| **Phone:**  | **Web www.** |
| **WhatsApp:** |  |
| **Facebook:** |  |
| **Twitter:** |  |
| **Other:** |  |
| **If you are association, society or institution, state your aims**  |
| **How many people with epilepsy do you serve/members if you are association, society or institution? : …………………………….** |
| **If you are an association, society or institution, what is your registration/legal status? (**mention if still being formed**)** |  |
| **If you are an organisation, what year were you formed/did you start?** |  |
| **Membership** **Types** (please tick) | **Individual** |  | **Association/Society** |  | **Institution** |  | **Partner**  |  |
| **Family** |  | **Group**  |  | **Government**  |  | **Other………** |  |
| **Please provide a copy of your logo in this box** |
| **Date applied** | **Date approved** | **Signature/s** |