

# Membership application form

**\*You must be aged 16 and over to have voting rights.  
Membership lasts for 12 months from the date of your payment.  
For details of membership benefits, please phone 0141 427 4911.**

Please use block capitals

## Your details

Title:	<input type="text" value="(Mr/Mrs/Miss/Ms/Other)"/>		
Full Name:	<input type="text"/>		
Organisation: (if applicable)	<input type="text"/>		
Address:	<input type="text"/>		
		Postcode:	<input type="text"/>
Telephone:		Date of Birth:	<input type="text"/>
Email:	<input type="text"/>		

## Membership rates

- Young person under 18\* or unwaged **£5**       Corporate **£50**  
 Individual **£10**       Life membership **£250**  
 Professional **£25**

## Payment - please tick as appropriate

I enclose a cheque or postal order payable to Epilepsy Scotland for £   
(for security reasons, do not send cash).

Please charge my Maestro / Mastercard / VISA / Delta      Amount £   
(Please circle)

My card number is:

Valid from:         Expiry date:

Issue No.        3 digit security code:     
(if applicable)

**When you pay by standing order you help to reduce our administrative costs. Please turn over to complete the form if you want to pay this way.**