

I am a

Person with Epilepsy (PwE)

Caregiver / Parent

Volunteer

Others (Please specify) _____

Salutation

Mr / Mrs / Miss / Mdm

Name of Applicant

Date of Birth (dd/mmm/yyyy)

Nationality

Race

Marital Status

Single

Married

Others (Please specify) _____

Address

Postal Code

Contact Details

Residential: _____

Mobile: _____

Email Address: _____

Occupation



I wish to apply for

- Ordinary Membership (S\$20.00 per annum)
- Renewal of Ordinary Membership (2 or 3 Years)
- Conversion to Life Membership (S\$100.00)
- Corporate Membership (S\$500.00 per annum)

of the **Epilepsy Care Group (Singapore) (ECG)** and agree to abide by the rules and regulations governed by the Constitution of the Group. I understand that ECG reserves the right to decline an application without giving any reason and is not obligated to respond to any request from an unsuccessful application.

NOTES:

1. Ordinary Membership is open to any person who subscribes to the objects of the Group.
2. With effect from 1st July 2003, a member who has been an Ordinary member for a minimum period of 10 consecutive years and who continues to subscribe to the objects of the Group may apply for Life Membership.
3. Only active Ordinary and Life members who are above 18 years of age and who have been members of the group for at least 12 months shall have the right to hold office in the Group. The Council or if the Council has appointed a Membership Committee then such Membership Committee shall, at its discretion, determine whether an Ordinary or Life member qualifies for the right to hold office.
4. Any firms, companies, organisations, institutions, and other legal entities duly established under the laws of Singapore that subscribe to the objects of the Group may apply for Corporate Membership. Such members have no voting rights and cannot hold office.
5. Any member may resign his/her membership by giving a notice in writing to the effect and paying all monies due.

Mode of Payment

Cheque No. _____

PayNow*

Cash (If cash is enclosed, please send by registered post)

* You may PayNow to UEN **S95SS0164F**. Please include the applicant's name in payment reference and email ECG a screenshot of the successful payment.

If you would like to include a donation, please indicate your donation amount here (donations are tax deductible): S\$ _____

For physical forms of payments, please enclose your subscription fee and post it to ECG at the address in the footer.

Signature _____

Date _____

ADDITIONAL INFORMATION

What types of activities* would you be most interested in? (*Tick more than 1 if applicable)

- Social Education talks and courses Support Groups
- Opportunity! Shop International Congresses Others _____

How did you hear about us?

- Doctors Friends ECG Members
- News and publications Hospitals Others _____

HELP US TO HELP YOU

If you are a Patient with Epilepsy,

My epilepsy was first diagnosed in Year _____.

My type of seizure / epilepsy is known as _____.