

**Membership application form**

Our membership includes organisations, professionals and individuals who seek to improve health, social care and public policy relating to epilepsy.

Membership categories are as follows:

**Organisational member**

Membership fee is based on income and the organisation has **one vote**

**Associate member**

Nominated by an organisation where the person has a special interest or expertise in epilepsy – no voting rights

**Professional member**

There is a fixed membership fee and the professional member has **one vote**

**Individual member (Maximum of 5)**

A person with epilepsy and/or parents and carers of people with epilepsy – one vote for each individual member

**Please complete the following details:**

Name

Job title

Organisation (if applicable)

Organisation address

Town Post code

Telephone number: Mobile

email:

**For associate membership only please complete the following:**

Nominating member organisation

Proposed by:

Name of nominee

Job title

Address

Town Post code

Telephone number: mobile:

email:

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**Membership Fees**

**Membership runs in line with the financial year April – March. Fees will be reviewed annually.**

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| **Income Band** | **Full fee** |
| **Organisational member** |  |
| Income > £250,000 | **£250** |
| Income > £50,000 | **£125** |
| Income < £50,000 | **£55** |
| **Associate member** | **Membership through organisation** |
| **Professional member** | **£25** |
| **Individual member (max 5)** | **No fee** |

Please tick which membership category you wish to apply for:

I wish to apply for Organisational membership to ECS

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I wish to apply for Associate membership to ECS\*

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I wish to apply for Professional membership to ECS

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I wish to apply for Individual membership to ECS

\*If applying for Associate membership, please state the contribution the individual will make towards the ECS aims and Objectives

As a member of ECS you will receive member mailings, email briefing and updates on our current campaigns and events. Your details will not be given to a third party

If this membership application is approved, I/we agree to abide by the ECS guidelines

Signature Date

Print name

**Please return your completed application to:**

**The Chair, Epilepsy Consortium Scotland, c/o Epilepsy Scotland, 48 Govan Road, Glasgow G51 1JL**