

MEMBERSHIP FORM

1. Name _____
(Person with epilepsy / Caretaker / Paramedical / Other)

2. Qualifications / Occupation _____

3. Birth Date: _____

4. Address for mailers: _____

5. Cell No. _____ Home Tel. _____

6. Email: _____

7. Any special interest in a particular aspect (medical/ social /vocational / rehab)

8. Cheques to be made in favour of '**SAMMAN ASSOCIATION**'
Life Member: Rs.1000/-
Indian Epilepsy Association Life Member: Re.1/-
Annual Member : Rs. 100 – fees payable on joining then before 31/3 annually.
Membership open only to people residing in Maharashtra over age 18.

Date:

Signature of Applicant: