

Financial Membership Form

As a Financial Member you play an important role in stewarding the organisation on behalf of the broader epilepsy community. You help us ensure we have a skill-based board to provide good governance to our work, deliver on our commitment to our funding organisations, put people with lived-experience at the heart of our decision making and ensure we can measure our impact.

The unique role of financial member over a community supporter includes:

- Participate in the governance of the organisation
- Eligible to nominate and be nominated to join the Board
- Voting rights at AGM and other general meetings.

A Financial Membership runs from 1 July through until June 30 each year and is renewed annually. The Board sets the fees for financial membership before 30 June of each year for the following financial year.

In the financial year ending 30 June 2023 the membership fee is \$100, with concession pricing \$75

Your Details			
Title: Mr Mrs Ms Miss Dr Pro	of \square Other (please specia	fy):	
First Name:	Last Name:	Last Name:	
Date of Birth: / / Email:			
Relationship with Epilepsy:			
☐ Person with epilepsy	☐ Epilepsy Specific Clinical / Research Sector		
☐ Family / Carer (unpaid)	☐ General Healthcare Sector		
☐ Education / Childcare Sector	☐ Disability Sector	☐ Disability Sector	
Other (please specify):			
Contact Details			
Mobile: Home Phone:	Wo	ork Phone:	
Residential Address			
Address Line 1:			
Address Line 2:			
Address Line 3:			
City / Suburb:	State:	Postcode:	
Is your postal address the same as your resid	dential address? 🛚 Yes	☐ No (if No, complete below)	
Postal Address			
Address Line 1:			
Address Line 2:			
Address Line 3:			
City / Suburb			

Communications and Marketing Opt-In



communications relating to:
\square The Flame – monthly E-news containing the latest epilepsy news, research, treatments, events and activities
☐ Grass Roots policy and advocacy opportunities
☐ Major awareness campaigns
☐ Fundraising campaigns or appeals
☐ Education & Training events
☐ Remember Epilepsy Queensland in my will or that of someone close to me
How did you first hear about Epilepsy Queensland?
☐ Medical Professional
☐ Family / Friend
☐ Word of mouth
☐ Social Media
☐ Facebook
□ Instagram
□ LinkedIn
☐ Google
☐ EQ Website
☐ Advertisement
☐ Other (please specify)
Would you like to automatically renew your membership each year?
☐ Yes
□No

To help keep me up to date and connected to the work of the organisation please include me in

NOTE: 2 weeks prior to automatically renewing your membership you will receive notification from us about the fees for the following you giving you an opportunity to stop the automatic renewal process if you wish. Automatic membership renewals must be paid by credit card.

Heroes of Hope

Please consider also joining our *Heroes of Hope* regular giving program. All donations greater than \$2 are tax deductible and from as little as \$5 per month you can make a huge difference to our work. You can sign up to this program **here** or speak to our friendly team when they make contact with you for payment of your membership fee after your application has been approved.