

ILAE UK CHAPTER MEMBERSHIP APPLICATION FORM

FOR MEMBERSHIP APPLICATION 2010

Name

Date of birth

Professional Discipline and Appointment

Employment Address

Home Address

Address for Correspondence Home
 Employment

Contact Telephone Number

Fax

Email

(The majority of ILAE correspondence is now via email so please be sure to provide an email address)

Professional interests in epilepsy

*A completed Standing Order form is also required to be sent at the same time as the Membership Application.