

ADDITIONAL COMMENTS OR INFORMATION

Please include any additional information or comments below. Feel free to let us know how we can serve you better or what sorts of services would be helpful to you.

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PLEASE SIGN

Signature	Date
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I appreciate the work Epilepsy Newfoundland & Labrador is doing and I would like to help out.

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- I am available to serve on committees.
- I am willing to help ENL in the following way:
- I have enclosed a donation of \$
- I have enclosed my \$5.00 membership fee.

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If you prefer to use VISA or MasterCard simply fill in the following:

Account #	Expiry Date
Signature	Amount \$

Please forward this application, along with the membership fee of \$5.00 to:

Epilepsy Newfoundland and Labrador
261 Kenmount Road
St. John's, NL A1B 3P9
Telephone: (709) 722-0502
Fax: (709) 722-0999
Email: epilepsy@nf.aibn.com
Website: www.nfld.net/epilepsy