

Application for Full, Affiliate or Corporate membership of Joint Epilepsy Council of the U.K. and Ireland, Charity No 1104315, Company No 5111618

Please complete this form and return it with supporting documentation to:
Sharon Harvey, Joint Epilepsy Council of the U.K. and Ireland, PO Box 186, LEEDS. LS20 8WY

Contact details

Organisation:
Contact person:
Job title:
Address:
.....
Postcode:
Tel:
Fax:
Email:
Website:

JEC representative who will attend meetings and vote (if applicable and if different to above)

Name:
Job title:
Tel:
Email:

Class of membership applied for

Full
Affiliate
Corporate

About your organisation

Registered charity: Yes / No
Charity Number
Status
Unincorporated
Company limited by guarantee.....
Company Registration Number
Other (please state).....

Number of paid staff (full time equivalent):.....

Most recent annual income.....

Aims of organisation

.....
.....
.....

Description of services provided

.....

.....
.....

Please list any organisations with which you are affiliated e.g. Neurological Alliance, National Council of Voluntary Organisations etc

.....
.....
.....

Supporting documentation

Please tick if the following literature is enclosed:

Most recent Annual Report, required for full member applications

Audited annual accounts, required for full member applications.....

Additional information about services provided.....

Reference

Nominations must be endorsed by two existing Full Members of the JEC that would be willing to support this application.

Name:

Title:.....

Organisation:

Address:

.....

.....

Signature

Date

Name:

Title:.....

.....

Organisation:

Address:

.....

Signature

Date

Please provide details of someone who is independent of your organisation, but who can tell us more about your organisation and its work if we contact them

Name:

Title:.....

Organisation:

Address:

.....

.....

.....

Postcode:

Tel:

Fax:.....

Declaration

I, Name (please print):.....
hereby apply on behalf of Organisation.....
for membership of Joint Epilepsy Council of the U.K. and Ireland and agree to abide by its
rules:
Signature:
Position:
Date:

For office use only

Application received:
Acknowledgement issued:
Membership approved / denied:
Organisation notified of decision:
Invoice issued:
Payment received:
Records updated:.....

Application for Individual membership of Joint Epilepsy Council of the U.K. and Ireland, Charity No 1104315, Company No 5111618

Please complete this form and return it to:
Sharon Harvey, Joint Epilepsy Council of the U.K. and Ireland, PO Box 186, LEEDS. LS20 8WY

Contact details

Name:.....
Job title:.....
Address:.....
.....
Postcode:.....
Tel:.....
Fax:.....
Email:.....
Website:.....

Class of membership applied for

Individual

Relationship to epilepsy organisation (s)

Please detail any epilepsy organisations, charities, medical or social care providers or other bodies that you have a link with that have an interest in people with epilepsy
Name.....
Link: member / trustee / employee / other.....
Name.....
Link: member / trustee / employee / other.....

Reference

Nominations must be endorsed by two existing Full Members of the JEC that would be willing to support this application.

Name:.....
Title:.....
Organisation:.....
Address:.....
.....
Signature.....
Date.....

Name:.....
Title:.....
.....
Organisation:.....
Address:.....
.....

Signature
Date

Declaration

I, Name (please print):.....
hereby apply for Individual membership of Joint Epilepsy Council of the U.K. and Ireland and
agree to abide by its rules:

Signature:
Date:

For office use only

Application received:
Acknowledgement issued:
Membership approved / denied:
Individual notified of decision:
Invoice issued:
Payment received:
Records updated:.....

Application for Full, Affiliate or Corporate membership of Joint Epilepsy Council of the U.K. and Ireland, Charity No 1104315, Company No 5111618, from an existing member of Joint Epilepsy Council, Charity number 1061820.

Please complete this form and return it with supporting documentation to:
Sharon Harvey, Joint Epilepsy Council of the U.K. and Ireland, PO Box 186, LEEDS,
LS20 8WY

Contact details

Organisation:
Contact person:
Job title:
Address:
.....
Postcode:
Tel:
Fax:
Email:
Website:

JEC representative who will attend meetings and vote (if applicable and if different to above)

Name:
Job title:
Tel:
Email:

Class of membership applied for

Full
Affiliate
Corporate

About your organisation

Registered charity: Yes / No
Charity Number
Status
Unincorporated
Company limited by guarantee.....
Company Registration Number
Other (please state).....

Number of paid staff (full time equivalent):.....

Most recent annual income.....

Aims of organisation

.....
.....
.....
.....

Brief description of services provided

.....
.....
.....

Please list any organisations with which you are affiliated e.g. Neurological Alliance, National Council of Voluntary Organisations etc

.....
.....
.....

Supporting documentation

Please tick if the following literature is enclosed:

Most recent Annual Report, required for full member applications

Audited annual accounts, required for full member applications.....

Additional information about services provided.....

Declaration

I, Name (please print):.....
hereby apply on behalf of Organisation.....
for membership of Joint Epilepsy Council of the U.K. and Ireland and agree to abide by its
rules:

Signature:

Position:

Date:

For office use only

Application received:

Acknowledgement issued:

Membership approved / denied:

Organisation notified of decision:

Invoice issued:

Payment received:

Records updated:.....