



## **Epilepsy and Seizure Association of Manitoba**

### **Membership Form April 1, 2025 - March 31, 2026**

(Please Print)

**Annual Membership fee is \$10.00**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ I would like to renew my membership to the Epilepsy and Seizure Association of Manitoba for the year April 1, 2025 - March 31, 2026.

\_\_\_\_\_ I am a new member and would like to join the Epilepsy and Seizure Association of Manitoba for the year April 1, 2025 - March 31, 2026.

Newsletter delivery:

Our newsletter will be automatically delivered by email. If you require a printed copy, please indicate below.

\_\_\_\_\_ By Mail, to the address I listed above.

**Epilepsy and Seizure Association of Manitoba**

4 – 1805 Main Street Winnipeg, Manitoba R2V 2A2

