

MEMBERSHIP APPLICATION AND RENEWAL FORM

FULL MEMBERSHIP	JUNIOR MEMBERSHIP (Ages 8-17)	SERVICE MEMBERSHIP
<p>YEARLY includes "Aussie Times", Lower registration fees, & Voting Privileges for 1 year (outside US, see below for postage)</p> <p><input type="checkbox"/> SINGLE \$50 (1 Adult) <input type="checkbox"/> DUAL \$75 (2 Adults-same household)</p>	<p>LIFETIME includes lower Registration Fees, Voting Privileges for life</p> <p><input type="checkbox"/> No "Aussie Times" \$400 (Single) <input type="checkbox"/> No "Aussie Times" \$600 (Dual)</p> <p><input type="checkbox"/> Add \$35 for 1 year subscription to "Aussie Times"</p>	<p>Juniors pay Full Member Registration Fees</p> <p>Parent name: _____</p> <p>Date of Birth: _____</p> <p><input type="checkbox"/> No "Aussie Times" FREE <input type="checkbox"/> "Aussie Times" 1 yr subscription - \$35</p>
		<p>Standard registration fees No "Aussie Times"</p> <p><input type="checkbox"/> \$20 EACH OWNER/CO-OWNER</p>

ADDITIONAL POSTAGE OPTIONS FOR "AUSSIE TIMES"	Surface	1 st Class
USA	N/A	<input type="checkbox"/> \$25
CANADA	<input type="checkbox"/> \$18	<input type="checkbox"/> \$25
ALL OTHER	<input type="checkbox"/> \$24	<input type="checkbox"/> \$54

I would like to make a tax deductible donation to the ASCA® Foundation in the following amount (please send a separate payment):

Epilepsy Research: _____ Junior Scholarship: _____ Other: _____

Name #1 _____ Name #2 _____

Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Telephone: (_____) _____ Email: _____

I (We) agree to abide by the ASCA® Articles of Incorporation, Bylaws, and all ASCA® Rules and Regulations governing the ASCA® Registry and all other ASCA® programs.

#1 _____ #2 _____

SIGNATURES

- New Member Renewal
 Check here if you wish to obtain a copy of the ASCA® Bylaws