



Epilepsy Alliance America Membership Application

(Organization's Name)

Are you a registered 501c(3): _____ (Tax ID)

(Address Line 1)

(Address Line 2)

(State)

(Zip Code)

(Executive Director)

(Telephone Number)

(Email Address)

Website

In applying to become a Member Organization of Epilepsy Alliance America, the above-name organization, confirms that it meets the following criteria:

- Activities and goals of the organization are focused on supporting people affected by epilepsy and/or seizure disorders;
- The organization is formally organized with a written constitution and/or Bylaws as a 501c3 organization;
- The organization has a Constitution and/or Bylaws which do not conflict with that of the Epilepsy Alliance America.

(Signature of Authorized Official)

(Title)

(Date)