
GRAVESEND EPILEPSY NETWORK

Registered Charity Number 802373

Membership Form

I the undersigned wish to become a member of the **Gravesend Epilepsy Network** for the year of 2019.

Attached is one year's membership fee of £1.00 per person for the year.
(Cheques made payable to Gravesend Epilepsy Network)

I would like to be reminded of social events and agree that my name and telephone number(s) be given to Susan Griffin for this purpose. (Tick/delete as required)

Name _____

Address _____

_____ **Postcode** _____

Telephone Home _____ **Mobile** _____

Email Address _____

The Data Protection Act 1998 requires us to inform you that information you have voluntarily given (ie. name, address & phone number) is stored in closed confidential paper files. There will be only limited access to these. The information held would not be sold or given to any other organisation.

Susan Griffin is the person who will be informing you of events. She will need to have your name & telephone number to enable her to contact you. Please mark above to give consent OR delete the sentence if you do not want that information given to her.

Please send completed form to:-

OR Give form and cash to:-
David Hall this evening.

Lynn Savill MBE
13 St Georges Crescent
Gravesend Kent
DA12 4AR