

MEMBERSHIP APPLICATION AND RENEWAL

<p><u>FULL</u> includes-1 yr Subscription <i>Aussie Times</i> (outside US see below for postage), voting privileges & lower registration fees <input type="checkbox"/> SINGLE \$40 (1 adult) <input type="checkbox"/> DUAL \$55 (2 adults- same household)</p>	<p><u>LIFETIME</u> includes- lower registration fees & voting privileges <input type="checkbox"/> No "<i>Aussie Times</i>" \$300 (1 adult) <input type="checkbox"/> No "<i>Aussie Times</i>" \$520 (dual) (2 adults- same household) <input type="checkbox"/> add \$25 for a 1 yr. Subscription to the "<i>Aussie Times</i>"</p>	<p><u>JUNIOR</u> (ages 8-17) includes- lower registration fees Parent's name _____ Date of birth _____ <input type="checkbox"/> No "<i>Aussie Times</i>" FREE <input type="checkbox"/> w/ "<i>Aussie Times</i>" \$25</p>	<p><u>SERVICE</u> includes- ASCA® registry services & standard registration fees (no "<i>Aussie Times</i>") <input type="checkbox"/> 1 person \$10</p>
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VISA/MC # _____ Exp. Date ____/____/____ CARDHOLDER _____

ADDITIONAL POSTAGE OPTIONS FOR " <i>AUSSIE TIMES</i> "	1 ST CLASS	SURFACE
USA	<input type="checkbox"/> \$25	N/A
CANADA	<input type="checkbox"/> \$25	<input type="checkbox"/> \$18
ALL OTHER	<input type="checkbox"/> \$54	<input type="checkbox"/> \$24

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 _____

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 have a copy of the ASCA® Bylaws