



International Bureau for Epilepsy

Associate Chapter Application Form

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Association Name

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Address

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Telephone (include international and regional codes)

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Fax (include international and regional codes)

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Email

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Website

In applying to become an Associate Chapter, the above-named association

- ◆ Confirms that it meets all the criteria for membership, as set down in the Constitution and Bylaws of the International Bureau for Epilepsy
- ◆ Agrees to fulfil all of the obligations of membership, as stated in the Constitution and Bylaws of the International Bureau for Epilepsy

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Authorised Signatory

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Position in organisation

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Date

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If a registered/certified association, please indicate registration or certificate number and granting authority on the above line. Otherwise, please leave blank.