Chapter Application Form

Association Name

Address

Telephone (include international and regional codes)

Fax (include international and regional codes)

Email

Website

In applying to become a 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

Authorised Signatory

Position in organisation Date

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