



**North Carolina**

***Membership Application***

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Level of Membership

*Please check one*

\$25 (*Regular*) \_\_\_\_\_ \$50 (*Friend*) \_\_\_\_\_ \$100 (*Corporate*) \_\_\_\_\_

\$500 (*Sponsor*) \_\_\_\_\_ \$1,000 (*Patron*) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone:(home) ( ) \_\_\_\_\_ (work) ( ) \_\_\_\_\_ (fax)( ) \_\_\_\_\_

e-mail \_\_\_\_\_

Please make checks payable to:

**Epilepsy Foundation of NC  
1920 W First St, Suite 5541A  
Winston Salem, NC 27104**