



Organisation for Anti-Convulsant Syndromes Ireland

OACS Ireland MEMBERSHIP FORM

Together we are stronger.

NAME:

ADDRESS:

.....

.....

TEL: MOB:

EMAIL:

Family membership 10 euros:

OACS Ireland bank details:

Sort code: 933570

A/c number: 62339082

IBAN: IE34 AIBK 9335 7062 3390 82

(Please use your family name in payment for reference.) 2

CHILD 1

Name: DOB:

PROBLEMS / DIFFICULTIES:

.....

.....
.
.....

DIAGNOSIS (If Any):

AGE AT DIAGNOSIS:

CHILD 2

Name: DOB:

PROBLEMS/ DIFFICULTIES:

.....
.....
.
.....
...

DIAGNOSIS (If Any):

AGE AT DIAGNOSIS:

CHILD 3

Name: DOB:

PROBLEMS / DIFFICULTIES:

.....
.
.....
.....

DIAGNOSIS (If Any):

AGE AT DIAGNOSIS: 3

Please read the following information

OACS Ireland requires this information, to keep you informed of events, issues, and opportunities relating to OACS Ireland.

Your details will be added to the 'Organisation for Anti-Convulsant Syndromes'' database.

(Please tick appropriate response ✓)

If you do not wish to receive such communication, please tick here.

If you do not wish your details to be on a retrievable system, please tick here: Yes No

Would you like to be put in touch with other parents? Yes No

What is your preferred method of contact?

Email.....

If you wish to return this form by post, see postal address

Post:

Phone.....

Letter.....

Email address you may require: office.oacireland@gmail.com

Kindest Regards

OACS Ireland