

# Epilepsy Foundation of Michigan Professional Advisory Committee MEMBERSHIP



The Professional Advisors are individuals whose professional training, expertise and interest in epilepsy qualify them to provide active policy guidance and technical assistance to the Board of the Epilepsy Foundation of Michigan. Much of the work will be done by email and conference call. Professional Advisors will serve a two-year term with the ability to renew.

## **The Professional Advisors fulfill their roles by:**

- Providing feedback and active policy guidance in the design, implementation, and evaluation of major programs of the Epilepsy Foundation of Michigan;
- Attending an Annual Meeting;
- Serving as an Ambassador for the mission work of the Epilepsy Foundation of Michigan to other health care professionals and epilepsy community members;
- Participating in advocacy efforts on issues of public policy important to individuals with epilepsy and their families;
- Participating in the Foundation's programs, including such programs as but not limited to conferences, webinars, summer walks, and summer camp;
- Representing the Foundation to media on request; and
- Consider making a contribution to support the work of the Foundation

## **In exchange, the Epilepsy Foundation of Michigan agrees to**

- List the Advisor's name and provide a link to their institution on the Foundation website;
- Provide alerts on legislative issues and other topical issues;
- Host an Annual Meeting; and
- Keep the Advisors informed about Foundation activities and programs, both in Michigan and at the national level.

I accept the invitation to become a Professional Advisor to the Epilepsy Foundation of Michigan.

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**Signature**

**Date**

*Please complete the registration information on the back*



**Epilepsy Foundation of Michigan**

25200 Telegraph Road, Ste. 110

Southfield, MI 48383

(800) 377-6226

[www.epilepsymichigan.org](http://www.epilepsymichigan.org)



Epilepsy Foundation of Michigan  
Professional Advisory Committee

# MEMBERSHIP



## PROFESSIONAL INFORMATION

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

Health System: \_\_\_\_\_

Title: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## DONATION INFORMATION

- ☐ I already contribute to the Epilepsy Foundation of Michigan.  
☐ I authorize a monthly automatic payment in the amount of \$ \_\_\_\_\_ (per month).  
☐ I authorize a one-time payment in the amount of \$ \_\_\_\_\_.

## PAYMENT INFORMATION

- ☐ I will make my gift by going to [www.epilepsymichigan.org](http://www.epilepsymichigan.org)  
☐ Please contact me directly.  
☐ Please debit my credit/debit card for my donation(s):

Visa MasterCard American Express	Credit/Debit Card #	Exp. Date	Billing Zip code
Name as it appears on the card (please print)		Signature	

The Epilepsy Foundation of Michigan is a 501(c)3 organization and your donation is tax deductible to the fullest extent of the law (Tax ID # 38-1508581).

*Please return this completed form to [bromines@epilepsymichigan.org](mailto:bromines@epilepsymichigan.org)*



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