

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 the two annual meetings;
- 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 camps;
- Representing the Foundation to media on request; and
- 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 two meetings annually; 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 of the Epilepsy Foundation of Michigan.

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



Epilepsy Foundation of Michigan
Professional Advisory Committee

MEMBERSHIP



PROFESSIONAL INFORMATION

Full Name: _____
Health System: _____
Title: _____
Preferred Mailing Address: _____

Email: _____
Phone: _____

DONATION INFORMATION

- I'd like to become a monthly donor and authorize a monthly automatic payment in the amount of \$ _____ (per month).
- I authorize a one-time payment in the amount of \$ _____.
- I have already made my contribution to the Epilepsy Foundation of Michigan this year.

PAYMENT INFORMATION

- I will mail in my gift or make my gift by going to 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 aschott@epilepsymichigan.org



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