

Is epilepsy important to you?

Become a member of the

EPILEPSY FOUNDATION OF CONNECTICUT'S PUBLIC POLICY NETWORK

The Epilepsy Foundation of Connecticut believes there is a critical need to develop a strong, organized epilepsy advocacy network in our state. Such a group would help to protect the rights of people with epilepsy and seizure disorders. The group would also work to ensure that their concerns are fully considered by those formulating public policy and legislation.

The main goal of the network is to educate legislators and other officials about the needs of persons with epilepsy, and to insure that those who do make decisions do so with these needs in mind.

MEMBERS NEEDED!

Network members will participate in telephone and letter writing campaigns on pertinent legislation and budget initiatives, and may be asked to attend and testify at public hearings.

Requirements to joining the network are minimal:

- Agree to attend training session(s)
- Time commitment of 1-2 hours per month
- An interest in improving the lives of persons with epilepsy, and
- The desire to be involved in the legislative process

Members of the Public Policy Network will have a voice in shaping the Foundation's public policy goals and will be directly involved in assuring that these goals are met. Network activities include:

- Writing letters and making telephone calls
- Encouraging others to join the network
- Testifying at public hearings
- Meeting with your legislators
- Acting as a volunteer "telephone captain" within your district

Please see the reverse side of this form

EPILEPSY FOUNDATION OF CONNECTICUT'S PUBLIC POLICY NETWORK

YES! I want to be a part of the Epilepsy Foundation of Connecticut's Public Policy Network. As a network participant, I will receive periodic information regarding advocacy and legislative issues affecting people with epilepsy and their families. In addition, I will be given the opportunity to actively participate through letter writing, phone calls and visits to policy makers.

*NAME: _____

*ADDRESS: _____

*CITY: _____ * STATE: _____ *ZIP: _____

*HOME PHONE: _____

*WORK PHONE: _____

*FAX #: _____

*E-MAIL: _____

Are you a registered voter? Yes No

Political Party Affiliation (optional):

Democrat Republican Independent Other _____

I am: (Please check all that apply)

A person with epilepsy A parent of a child with epilepsy

A family member or significant other of a person with epilepsy

A professional working with people who have epilepsy

**Please return to: Epilepsy Foundation of Connecticut, Inc.
386 Main Street
Middletown, CT 06457**

* Information Required