

ALZHEIMER'S ARKANSAS PROGRAMS & SERVICES

MEMBERSHIP APPLICATION



Yes! I would like to help Alzheimer's Arkansas continue to meet the needs of individuals affected by Alzheimer's disease, their families and friends in Arkansas.

(PLEASE PRINT)

DATE: _____

(Circle One)

NAME: (Mr. Mrs. Ms. Dr.) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

EMAIL ADDRESS: _____

NEW **RENEWAL** *(All members receive the monthly Newsletter)*

- ...I would prefer to receive my newsletter email.
- ...I would prefer to receive my newsletter by general mail.

Enclosed is my check (payable to **Alzheimer's Arkansas**) for:

- ...Individual (1) Membership [**\$25/Year**]
- ...Individual Member including Auxiliary Membership* [**\$35/Year**]
*The Auxiliary assists with fund raising and special projects.
- ...Company Membership [**\$50/Year**]
- ...I wish to make an additional contribution of \$25 \$50 \$100 \$ _____

I have time to volunteer for **Alzheimer's Arkansas**. I am interested in participating in the following activities:

- | | |
|---|--|
| <p><input type="checkbox"/> Auxiliary (dues enclosed)
(Fundraising and service projects)</p> <p><input type="checkbox"/> Fundraising
(Events)</p> <p><input type="checkbox"/> Office Help
(Mailings, typing, phones)</p> <p><input type="checkbox"/> Board of Directors</p> | <p><input type="checkbox"/> Program Services
(Support Groups, Helpline, education, speaker's bureau)</p> <p><input type="checkbox"/> Newsletter
(Writing, editing, composing)</p> <p><input type="checkbox"/> Committee Membership
(Committee preference _____)</p> |
|---|--|

To assist us in determining the types of members we serve, your help in completing the following information is appreciated:

Put "✓" in box that applies to you

I am a...(Circle One)

- ...Family member. My _____ has/had Alzheimer's disease.
(mother, father, spouse, etc.)
- ...Friend of patient / family affected by Alzheimer's disease or a related disorder.
- ...Concerned community member

Alzheimer's Arkansas Programs & Services
 ~ 201 Markham Center Drive ~ Little Rock, AR 72205 ~
 501-224-0021 or 800-689-6090 ~ FAX 501-227-6303 ~ Web Site: www.alzark.org
Supporting Arkansas Families Since 1984