

ALZHEIMER'S ARKANSAS PROGRAMS & SERVICES MEMBERSHIP APPLICATION



Yes! I would like to help Alzheimer's Arkansas continue to meet the needs of Alzheimer's patients, 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: _____

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

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:

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

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
 - ...Healthcare professional.

Alzheimer's Arkansas Programs & Services
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