

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 _____ NAME: _____

How would you like to be addressed? _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

EMAIL ADDRESS: _____

(All members receive the monthly Newsletter): I would prefer to receive my newsletter email.

I would prefer to receive my newsletter by mail.

Please make check payable to Alzheimer's Arkansas or charge my Credit Card for this donation

American Express VISA MasterCard Discover

Card # _____ CVV # _____ Expiration Date: _____

Signature of Cardholder: _____

My Membership is: (circle one)

NEW

RENEWAL

For:

Individual (1) Membership [**\$25/Year**]

Individual Member including Advocates for Care Volunteer Membership* [**\$35/Year**]

*The Advocates for Care 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:

Advocates for Care (Fundraising & Service Projects)

Fundraising (Events)

Office Help (Mailings, typing, phones)

Newsletter (Writing, editing, composing)

Committee Membership

(Committee preference _____)

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...

___ 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