

*Thank you to all who donated in memoriam.*

# Alzheimer Society

CHATHAM - KENT

## 352-1043

### MEMBERSHIP APPLICATION

- I wish to become a member:
- Individual Yearly Membership - \$15.00, additional family members - \$5.00 each
- Senior/Student Yearly Membership - \$10.00
- Corporate Memberships - \$30.00

### HELPFUL INFORMATION

- I am a Caregiver/Relative of an individual with Alzheimer Disease or Alzheimer-like symptoms.
- I am a member or representative of a professional/community agency.
- I am an interested member of the community
- I wish to make a donation of \$ \_\_\_\_\_.
- I would like to become a volunteer.
- Please telephone me in order that I can be better informed about services needed.
- I am currently a member.

#### Membership Form

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Organization \_\_\_\_\_

An income Tax Receipt will be issued for membership fees and/or donations of **\$10.00 or more**. Your support is greatly appreciated. Please Make cheque payable to: **ALZHEIMER SOCIETY OF CHATHAM-KENT**

36 Memory Lane, Chatham, ON, N7L 5M8 (519) 352-1043 ~ Fax (519) 352-3680

\*This does not mean that your membership is due. If you are unsure, please contact our office.