

Membership Application

Alzheimer Society

BRANT

May is Membership Month



Renewal
New Member

- Individual \$25
- Senior \$20
- Agency or Corporate \$30

- Memorial _____ \$100
In Memory of
- Tribute _____ \$100
In Memory of
- I wish to make an additional donation of \$ _____

We invite you to become a member of the Alzheimer Society of Brant. It's a great way to support the Society and stay in touch.

Your membership entitles you to:

- Voting Privileges at Annual General Meeting
- Society's Newsletter
- Notification of Public Forums and Upcoming Events
- Membership Card
- Charitable Tax Receipt

Make cheque payable to:

Alzheimer Society
BRANT

Mail to:

Alzheimer Society of Brant
101 Brant Avenue
Brantford ON N3T 3H4

Deliver to:

Brantford Office
101 Brant Avenue
(519) 759-7692

www.alzbrant.ca

Name _____
Address _____
City _____
Postal Code _____ Phone: _____
Email _____
 Cheque Cash VISA
Cardholder's Name (please print): _____
Credit Card Number: _____
Expiry Date: _____
Signature: _____

Further to my membership I am interested in:

- Volunteer Opportunities
- Monthly Giving Information
- Becoming a Board Member
- Information about Alzheimer's Disease & Related Dementias
- Estate Planning
- Support Groups

Help for Today, Hope for Tomorrow