SOCIÉTÉ ALZHEIMER SOCIETY
RÉGION DE TIMMINS-PORCUPINE DISTRICT

"Our success depends on your support. We need your help to "Remember Those Who Can't"

Membership Application Form

Your membership offers:

- Opportunity to support people with Alzheimer's Disease and their caregivers
- Ability to support ongoing research
- 3 newsletters and frequent bulletins
- An invitation to our local Annual General Meeting and voting privileges
- Our sincere appreciation for your donation which is used by our local chapter

Title: Ms ☐ Miss ☐ Mrs. ☐ Mr. ☐ Dr. ☐

Name, Organization or Business name *(as you would want it to appear on the Membership card)*: _____

Contact Person *(if applicable)* _____

Mailing Address: _____

City: _____ Postal Code _____

Telephone: _____ Fax: _____

E-mail address *(if applicable)*: _____

May we forward our chapter newsletters and announcements of upcoming events to you by e-mail? Yes ☐ No ☐

New Member: ☐ Renewal: ☐ Donation: ☐ Would you like to volunteer?: ☐

Cost of Membership: $15.00 per year

I enclose: Cheque ☐ Money Order ☐ Cash ☐ in the amount of $ _____

I also want to make a donation in the amount of: ☐ $250 ☐ $100 ☐ $50 ☐ Other $ _____

Please make cheques or money orders payable to:

The Alzheimer Society of Timmins-Porcupine District Inc.
670 Airport Road, Unit 206, Timmins, ON P4P 1J2

Timmins: Telephone *(705) 268-4554* *Fax: (705) 360-4492*
New Liskeard: Telephone *(705) 647-1088 ext 2323* Fax: *(705) 647-1471*
e-mail: mail@alzheimertimmins.org

" The larger the membership, the greater our strength, the louder the voice with which we speak"

OFFICE USE ONLY

Expiry Date: _____ Receipt #: _____