



ALZHEIMER'S ASSOCIATION  
OF TRINIDAD AND TOBAGO  
"Sharing the Caring"

### Membership Form

Male  Female

Name: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_

Email \_\_\_\_\_

Enclosed is my membership fee for:

New ( )          Renewal ( )

*(Membership period July 1st to June 30th )*

Annual—\$ 75.00

3 years—\$200.00

5 years—\$300.00

Donation of: \_\_\_\_\_

**TOTAL** \_\_\_\_\_

Please make cheques payable to:

***Alzheimer's Association of Trinidad and Tobago***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please turn page 



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**My interest is as :**

- Family Member
- Individual with Alzheimer's Disease or related dementia
- Friend/Interested person
- Professional in the community
- Caregiver
- Other (please state) \_\_\_\_\_

**I would like to volunteer in the following area(s) of the Association's activities**

- Caregiver support
- Education
- Fundraising
- Public relations
- Transportation
- Outreach
- Event Planning
- Administration
- Other (please state) \_\_\_\_\_

**How did you hear about us?**

- Attended a meeting
- Saw a flyer
- Through the media – please specify:  
(print/social media/radio or tv ) \_\_\_\_\_
- Word of mouth
- Contacted by AzATT - please specify:  
(email/ phone) \_\_\_\_\_
- Other please state) \_\_\_\_\_

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