



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

Membership Form

Received by:
Date:

This form can be downloaded at www.alztrinbago.org. Please return your completed form to a support group leader.

Office: 15 Nepaul Street, St. James, Port-of-Spain **Tel:** (868) 225-8764 or 345-6549 **Email:** alztrinbago@gmail.com

Information

Male Female

Name: _____

Mailing Address: _____

Telephone: (Home) _____ (Mobile): _____

Email: _____

Enclosed is my membership fee for:

New Member Renewal

(Membership period July 1st to June 30th)

Annual—\$ 75.00 3 years—\$200.00 5 years—\$300.00

Donation of: _____

TOTAL: _____

Method of payment: Cash Cheque: Payable to Alzheimer's Association of Trinidad and Tobago

Bank deposit: RBC Account No. 100093110125138 Online Banking: RBC Account No. 100093110125138

Which support group are you interested in?

Arima Port-of-Spain San-Fernando Tobago

My interest is as:

Family Member Caregiver Individual with Alzheimer's Disease or related dementia

Friend/Interested person Professional in the community Other (Please specify):

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

Caregiver Support Education Event Planning Public Relations

Transportation Outreach Administration Fundraising Other (Please specify)

How did you hear about us?

Support Meeting Flyer Media (print/social media/radio or tv)

Word of mouth Contacted by AzATT Other (Please specify):

SIGNATURE:

DD/MM/YY:

Revised July 2020