



Application form for Membership

- 1 Name : _____
- 2 Age : _____
- 3 Address : _____
- a) present: _____
- b) permanent : _____
- 4 Type of Membership : _____
- a) Life : *Membership fee Rs. 1000/-*
- b) Ordinary/annual : *Membership fee Rs. 100/-*
- 5 I am interested in becoming a member, because I am _____
- a) a relative of patient who is my _____
- b) a professional (please specify)
- c) any other reason
- 6 I am interested in Dementia Care / Support / Research
- 7 I am prepared to help the organisation by _____
- a) working as a volunteer.
- b) helping to form a chapter
- c) providing professional services
- d) providing advices and constructive suggestions
- 8 I have come to know about the functioning of ARDSI through _____
- a) relatives/friends
- b) news paper/TV/Radio
- c) similar organizations
- d) any other sources (please specify)

Place: _____

Date: _____

Signature: _____