

Alzheimer's and Related Disorders Society of India (ARDSI)

P.B. No. 53, Guruvayoor Road, Kunnamkulam – 680 503, Thrissur Dist, Kerala Tel. 04885-223801/ Helplines: +91 98461 98471 / 98473 / 98786 office@ardsi.org, office@alzheimer.org.in, nationaloffice@ardsi.org alzheimer.org.in, ardsi.org



ARDSI has been registered	l under the Travancore	Cochin Literary, Sc	cientific and Charitable	Societies Registration A	Act XII, 1955 in 1993	(Reg. No. S.N. ER 243/93).
ADDCL is the first Afra Asia	n organization to roce	va full mambarchi	n with Alzhaimar's Disc	acco International (ADI	\ IIV	

Donations to ARDSI are exempted from Income Tax section 80G of I.T.Act 1961 as per the certificate No.CIT/CHN/ 17A/PR/Inst.49/94-95

D ARDSI Registered Office: Behind P.O.C, Madavana Temple Road, Vennala P.O, Palarivattom – 682 028, Kerala. Tel +91 484 280 8088

A 1	10 . 0	•			
Anni	licatio	ntorm	tor	Mam	bership
	ııcatıc	,,,,,,,,,,,,	1011	ALCILL	neranin

	Applicationform for Membership						
1	Name	:					
2	Age	:					
3	Address a) present (with Telephone, Email-ID)	:					
	b) permanent (with Telephone, Email-ID)	:					
4	Type of Membership i) a) Life Membership (Membership fee Rs. 1000/-) ii) a) Overseas Membership – Life (Membership fee US \$ 250/-) iii) Donation of US \$: :	b)	(Memb	ary / Annual ership fee Rs. 100/-) seas Membership — Ord ership fee US \$ 25/-)	dinary	:
	How or from whom did you learn about Alzheimer's disease ?: I am interested in becoming a member becau	: se					
	a) I am a relative of a patient who is my	:					
	b) I am a professional (please specify)	:					
	c) Any other reason (please specify)	:					
7	I am interested in: Dementia Care	:	Dementia Sup	port	:	Dementia Re	esearch :
8	I am prepared to help the organization by: a) working as a volunteer	:	1.3	1 1	I. C		:
	· ·	•	b) d)	-	ng to form a chapter ding advices and		•
0	c) providing professional services	:	,		ructive suggestions		:
9	I have come to know about ARDSI through a) Relatives/friends	:	b)	News	paper/TV/Radio		:
	c) Similar organizations	:	d)	Any o	ther sources (please s _i	pecify)	:
10	Suggestions / Comment :						
Disa							
Place							
	- -			Sigr	nature:		
	Kindly forward the form with	your subscription	s as banker's di	_			
		F	or OFFICE USE	ONLY			
App	plication form received with membership fee R	S / US\$		on			

	For OFFICE USE ONLY	
Application form received with membership fee RS / US\$		
Membership No.:		
Membership Card issued on:	National Chairman / Chief Coordinator	