alzheimer's wa

the dementia experts

Alzheimer's WA Membership Application

Join our community

Join Alzheimer's WA to support our work towards a world where people with dementia and their families are supported and valued on their dementia journey.

It is free to join.

As a member of Alzheimer's WA, you join a 3,000+ strong community that provides a united voice to represent the needs of those living with dementia and their families.

Dementia is a lived human experience, and Alzheimer's WA is committed to providing holistic, person-centred support and education to assist those living with dementia, as well as their carers, families, friends and the wider community. Alzheimer's WA provides a range of services including respite, education, information and training.

As a member you receive:

- *Milestones* - quarterly publication of Alzheimer's WA
- *Member Connect* - newsletter on latest news, the difference we're making, and how you can help
- *Dementia Aware* - newsletter keeping you informed on latest dementia research and innovation, educational workshops and upcoming events
- Invitations to seminars and special events
- Voting rights at the Annual General Meeting

Membership Application

Title:

First Name:

Surname:

Organisation:

Date of Birth:

Postal Address:

Suburb:

State: P/Code:

Phone: Mobile:

Email Address:

I wish to receive the following Alzheimer's WA communications

☐ *Milestones*
☐ *Member Connect* (email only)
☐ *Dementia Aware* (email only)

☐ **I give consent to be contacted by email**

Please send me information about

☐ Volunteering
☐ Fundraising
☐ Regular Donations
☐ Bequests
☐ Corporate Sponsorship

About you

☐ I am a person with dementia
☐ Carer
☐ Health Professional
☐ Family of person with dementia
☐ Friend of person with dementia

Please register me as a member of Alzheimer's WA

I understand that by becoming a member I will be liable for the payment of two dollars ($2) should the company become insolvent.

Signature: Date:

Please return completed form to **PO Box 1509, SUBIACO WA 6904**
or email **support@alzheimerswa.org.au**

Donation

I wish to make a donation of:

☐ $25 ☐ $50 ☐ $100 ☐ Other $ _____

☐ One-off donation ☐ Monthly donation

Payment Details:

☐ Cheque (payable to "Alzheimer's WA") ☐ Credit Card

Please debit my:

☐ Visa ☐ Mastercard ☐ American Express ☐ Diners

Cardholder's Name: _____

Card Number: _____

Expiry Date: _____

Signature: _____ Date: _____

HEAD OFFICE

55 Walters Drive, Osborne Park WA 6017
Telephone: 1300 66 77 88
Facsimile: (08) 9388 2739
PO Box 1509, Subiaco WA 6904
support@alzheimerswa.org.au

REGIONAL OFFICES

Albany: (08) 9841 3755
Mandurah: (08) 9535 8772

For services provided from Kalgoorlie and York, please contact us on 1300 66 77 88.

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