



it's still **me** in here

800-7015 MacLeod Trail SW
Calgary AB T2H 2K6
info@alzheimercalgary.ca
403.290.0110

alzheimercalgary.ca
Registered Charity Number:
130725740 RR 0001

Date: _____

Membership Application

Our Mission: We lead by our influence and expertise to help people impacted by dementia to live well, and we build community capacity to support them.

Our Vision: An Inclusive and caring community where people impacted by dementia are valued and empowered.

AC encourages membership from individuals that:

- 1 – Support the Vision and Mission of the Society
- 2 – Have interest or involvement with Alzheimer or Dementia
- 3 – Agree to support strategic direction of the Society
- 4 – Agree to abide by the Membership Policy of Alzheimer Society of Calgary

My signature on this application confirms my agreement to the above. _____

Your application will be reviewed and approved by the Governance and HR Committee of the Society.

Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone (Home) _____ (Cell) _____

Email _____

Please note, your email address enables us to connect with you in a cost-effective manner

Membership Fees

- \$15.00 General Membership
- Please accept my donation in the amount of \$ _____

Payable by:

- Etransfer to: **accounting@alzheimercalgary.ca**
- Cash
- Credit Card _____ Expiry Date _____ CVD _____

Signature for approval of credit card payment _____

Membership period is April 1 to March 31 each year