

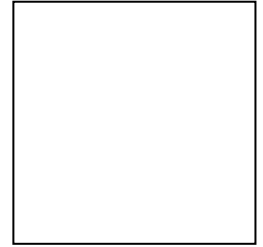


Alzheimer's and Related Disorders Society of India (ARDSI) Guwahati Chapter

C/O Dr. Ajaya Mahanta, House No-5, Nandan Path, Rukmini Nagar, Guwahati- 781006 Assam
Website- www.ardsiguwahati.org Email-ardsiguwahati@gmail.com



Application form for Membership



Passport Size Photo

1. Name :
 2. Age :
 3. Address :
 a) Present :

b) Permanent :

c) Mobile No :

d) Email :

4. Type of Membership

- | | | | | | |
|---|---|--------------------------|---|---|--------------------------|
| i) a) Life Membership
(Membership fee Rs. 5000/-) | : | <input type="checkbox"/> | b) Ordinary / Annual
(Membership fee Rs. 500/-) | : | <input type="checkbox"/> |
| ii) a) Overseas Membership-Life
(Membership fee US \$ 500/-) | : | <input type="checkbox"/> | b) Overseas Membership- Ordinary
(Membership fee US \$ 50/-) | : | <input type="checkbox"/> |
| iii) Donation of US \$ | : | | | : | |

5. How or from whom did you learn about :

6. I am interested in becoming a member because

- a) I am a relative of a patient who is my :
 b) I am professional (please specify) :
 c) Any other reason (please specify) :

7. I am interested in: Dementia care : Dementia support: Dementia Research:

8. I am prepared to help the organization by:

- | | | | | |
|------------------------------------|---|--------------------------|---|--------------------------|
| a) Working as a volunteer | : | <input type="checkbox"/> | b) helping to form a chapter: | <input type="checkbox"/> |
| c) providing professional services | : | <input type="checkbox"/> | d) providing advices and constructive suggestions : | <input type="checkbox"/> |

9. I have come to know about ARDSI through

- | | | | | |
|--------------------------|---|--------------------------|---|--------------------------|
| a) Relatives/friends | : | <input type="checkbox"/> | b) News paper/TV/Radio: | <input type="checkbox"/> |
| c) Similar organizations | : | <input type="checkbox"/> | d) Any other sources (please specify) : | |

10. Suggestions / Comment :

Place:

Date:

Signature: _____

Payment Option: Cheque/Draft/Cash/Online Transfer (NEFT) in favour of Alzheimer's and Related Disorders Society of India Guwahati Chapter. A/C No-35406163386 IFSC Code: SBIN007700 Branch: SBI, Guwahati Medical College

For OFFICE USE ONLY

Application form received with membership fee Rs./ US \$ _____ on _____
He/She has been admitted as a Life/Ordinary member of ARDSI.

Membership No : _____

Membership Card issued on: _____

Secretary, ARDSI Guwahati