



**ALZHEIMER'S AND RELATED DISORDERS SOCIETY OF INDIA (ARDSI)
BANGALORE CHAPTER**

Application for Membership

- 1. Name :
- 2. Age :
- 3. Address :
- 4. Tel : 5. Mobile :
- 6. Email :
- 7. Type of Membership : Annual (Rs. 100) Life (Rs. 1000)

8. I am interested in becoming a member because, I am
- A relative of patient who is my
 - A professional (please specify the area)
 - Any other reason

9. I am interested in Dementia
- Care
 - Support Services
 - Research

10. I am prepared to help ARDSI by
- Working as a volunteer
 - Providing professional services
 - Any other

11. If you are looking for any support from ARDSI, please mention
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-

Place:

Date:

Signature

P.S. Cheque to be made in favour of ARDSI – Bangalore Chapter
