

# Annual Membership

**I wish to become a member**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Please see membership levels and costings)

Please make cheques payable to:

**'Alzheimer's and Dementia Support Services'**



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I would like ADSS to treat all my donations (until I notify otherwise) as Gift Aid Donations.

This makes your donation worth nearly a third more, at no extra cost to you.

I would like to become a \_\_\_\_\_ Level member and enclose the membership cost of £ \_\_\_\_\_

*Data Protection—The information you have supplied will be used for the purpose for which you have provided it and any relevant procedures followed from this.*

*This data will be maintained in accordance with the Data Protection Act 1998 and will not be passed on or sold to any other organisation without your prior approval unless this is a legal requirement.*

**Once you have completed this form please post it with your membership payment to;  
Alzheimers and Dementia Support Services, Dene Holm House (Basement) Dene Holm Road, Northfleet, Kent, DA11 8JY.**