

alzheimer's  association

the compassion to care, the leadership to conquer

AWARE Membership Form

Please complete and send to: Jan Handley, 4300 NE 25th Avenue,
Ft. Lauderdale, FL 33308. Or, fax to 954.566.1020.

Date _____

CONTACT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

PAYMENT INFORMATION

Check one:

Charter Member (\$1,000 and \$250 initiation fee, renewable annually at \$50)

Angel Member (\$100, renewable annually)

Supporting Member (\$50, renewable annually)

Payment method for a total of \$ _____:

Cash

Check (payable to *AWARE*)

Credit Card: VISA MasterCard Discover American Express

Name as it Appears on Card _____

Credit Card Number _____

Exp. Date _____ CVV2 Number _____

(Second set of black numbers, either two or three digits, located inside the signature box on back. Not required for American Express.)

Signature _____

Thank you for your support. For event listings and more information, call 800.861.7826, or visit www.alzsefc.org/AWARE.htm.

THE ALZHEIMER'S ASSOCIATION, SOUTHEAST FLORIDA CHAPTER IS A 501(C)(3) ORGANIZATION. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE, 800.435.7352. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.