Join the fight and help end Alzheimer’s!

#ENDALZ #ALZPartnerships
**MISSION STATEMENT**

**Partnerships** are regional volunteer coalitions comprised of healthcare and human service providers, associated professionals, family and caregivers dedicated to providing education, outreach, advocacy, and support for all those facing Alzheimer’s disease and other dementias.

Through a Community Partnership model in alliance with the Alzheimer’s Association, MA/NH Chapter, members share resources, increase public awareness and understanding, strive to improve the quality of care and access to community services and promote the importance of research and research funding.

**CORE VALUES**

- Dedication and commitment to the Alzheimer’s Association’s mission
- Open communication
- Teamwork and volunteerism
- Valuing diversity and differences
- Non-promotional in nature

**BENEFITS OF MEMBERSHIP**

- Continuing education of Partnership members, providers, family members and community members, including seminars
- Networking and information exchange amongst members
- Coordination of existing services, both public and private
- Development and promotion of new services
- Advocacy surrounding legislative issues
- Promotion and support of research
- Supporting the goals of the Alzheimer’s Association by working together to achieve our mutual goals
- Access to meetings and minutes

**MEMBERSHIP DUES**

- There is a $25 annual membership due that helps support the Alzheimer’s Association
- Checks should be made payable to the Alzheimer’s Association and earmark the partnership you are joining
- Return payment to the partnership treasurer
- Please do not send your payment to the Alzheimer’s Association
- Access to meetings and minutes

**Which Partnership are you interested in joining? Choose one:**

- Berkshire
- Northeastern MA
- Greater Worcester
- North Worcester
- Liberty
- Southeast
- Metro North
- South Worcester
- Metro West
- Tri County
- Neponset Valley
- West Suburban
- South Shore

**Type of Agency/Service:**

- Long Term Care
- Assisted Living
- Adult Day Health
- Advocacy
- Other ______________________________

**What population do you serve?**

- Alzheimer’s/dementia population
- Mixed senior clientele
- Other ______________________________

**What interests you about the Partnership?**

- Educational Opportunities
- Community Outreach
- Advocacy Opportunities
- Volunteering for the Alzheimer’s Association
- Other ______________________________

**Company Name**

_________________________

**Contact**

_________________________

**Address**

_________________________

**Phone**

_________________________

**Email**

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