



ALZHEIMER'S AND RELATED DISORDERS SOCIETY OF INDIA
(THE NATIONAL ORGANIZATION FOR DEMENTIA CARE, SUPPORT AND RESEARCH)
P.B. No. 53, Guruvayur Road, Kunnampulam-680 503, Thrissur Dist., Kerala, India
Tel. 04885-223801/ Helplines: 098461 98473/ 098461 98786/ 098461 98471
Email: office@ardsi.org / ardsinationaloffice@gmail.com Website: www.ardsi.org



- **ARDSI has been registered** under the Travancore Cochin Literary, Scientific and Charitable Societies Registration Act XII, 1955 in 1993 (Reg. No. S.N. ER 243/93).
- **The first Afro-Asian** organization to receive full membership with Alzheimer's Disease International, (ADI), UK
- **Donation to ARDSI** are exempted from Income Tax section 80G of I.T.Act 1961 as per the certificate No.CIT/CHN/17A/PR/Inst.49/94-95
- **ARDSI Registered Office:** Behind P.O.C, Madavana Temple Road, Vennala P.O, Palarivattom – 682 028, Kerala. Tel 0484-2808088, Email: ardsicochin@gmail.com

Application form for Membership

Application No: _____

1. Name : _____
2. Age : _____
3. Present Address : _____
(With Telephone, Email)

Permanent Address : _____
(With Telephone, Email)

4. Type of membership

i) a) Life Membership (Membership fee Rs.1000/-)	: <input type="checkbox"/>	b) Ordinary/Annual (Member ship fee Rs.100/-)	: <input type="checkbox"/>
ii) a)Overseas Membership – Life (Membership fee US \$ 250/-)	: <input type="checkbox"/>	b) Overseas Membership- Ordinary (Membership fee US \$ 25/-)	: <input type="checkbox"/>
iii) Donation of US \$: <input type="checkbox"/>		

5. I am interested in becoming a member because,
a) I am a relative of patient who is my : _____
b) I am a professional (please specify) : _____
c) Any other reason : _____

6. I am interested in dementia : Care: Support: Research:

7. I am prepared to help the organization by
Working as a volunteer : Helping to form a chapter :
Providing professional services : Providing advices and :
constructive suggestions

8. I have come to know about the functioning of ARDSI through
Relatives/friends : News paper/TV/Radio :
Similar organizations : Any other sources (Please specify) :

Place : _____
Date : _____

Signature: _____

Kindly forward the form with your subscriptions as banker's draft in favour of "ARDSI" payable at Kunnampulam

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: _____

National Chairman/Chief Coordinator