**AWARE 2018-2019 MEMBERSHIP FORM**

**Fighting Alzheimer’s Disease Since 1989**

*AWARE is dedicated to fighting Alzheimer’s disease by providing funding and support to programs, projects, and research provided by nonprofit organizations that actively help all individuals affected by Alzheimer’s disease in Dallas and the greater North Texas area.*

**List my primary contact name as indicated below:** *(please print)*

| Last Name First Name Spouse’s Name

 **No changes from last year’s directory**

| \_\_| | Address City State Zip

\_\_| | Home Phone Business Phone Cell Phone

Email Address:

**Information will be sent by email unless otherwise noted here:** **U.S.P.S.**

**Please address social invitations as follows:**

 Mr. & Mrs.  Dr. & Mrs.  Dr.  Mr.  Mrs.  Ms.  Miss

 Other: \_

|  |  |  |  |
| --- | --- | --- | --- |
| **Membership Status:** |  Renewal |  New Member |  Couples Member |
| **Membership Level:** |  Archangel $500 + |  Angel $250 + |  Caregiver $100 + |
|  $500 + Corporate/Organization  *(Please list up to six representatives.)* | |  Regular $50 + |  AWARE Men $50 + |

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**Enclosed is my check made payable to AWARE in the amount of $**

**Please charge $ to my Credit Card # Expiration Date: Security Code:**

**Name on credit card:**

**Billing Address:**

**Signature:**

**Please see back of page for Volunteer and Referral Opportunities**

**as well as mailing information**

**Referrals – If you have a friend(s) interested in joining, please list their name(s) below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Name** | **Address** | **City** | **State** | **Zip** |
| **Name** | **Address** | **City** | **State** | **Zip** |
| **Name** | **Address** | **City** | **State** | **Zip** |

**I would like to volunteer my services with helping:**

 Programs  Meetings/Arrangements/Hospitality  AWARE Affair  Special Events

 Nametags  Membership  Communications/Network  Directory  Underwriting

 Correspondence/Remembrances  Other opportunities as needed

***PLEASE RETURN TO***: **AWARE, 25 Highland Park Village, Suite 100-485, Dallas, TX 75205**

***OR* Join online at** [**www.awaredallas.org**](http://www.awaredallas.org/)

*Your membership is tax deductible to the extent permitted by applicable law.*

*The Dallas Foundation, a 501(c)(3) publicly supported charity,*

*Federal Tax ID 75-2890371, is the fiscal sponsor of AWARE*