

Alzheimer's & Dementia S U P P O R T S E R V I C E S

I wish to become a member of:
Alzheimer's & Dementia Support Services

Name.....

Address.....

.....

Telephone.....

Annual membership
There is no fixed subscription

I enclose my payment for £.....

Cheques made payable to:

Alzheimer's & Dementia Support Services
Basement Flat
Dene Holm House
Dene Holm Road
Northfleet
DA11 8JY

Signature

Date.....