



# ***Georgia Chapter American Parkinson Disease Association 2009 – 2010 Membership Application/Renewal***

***Our Chapter Depends On Your Annual Membership Dues  
And Donations To Help Support The Chapter Activities.***

The Georgia chapter fiscal year begins September 1st and ends August 31st. The annual membership fee is \$20.00.  
Please fill out the information below, make checks payable to Georgia Chapter APDA:

**APDA Georgia Chapter, P.O. Box 49416, Atlanta, GA 30359**

New Member: \_\_\_\_\_ Renewing member: \_\_\_\_\_

Please Print:

Date: \_\_\_\_\_ What support group do you belong to: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-Mail address: \_\_\_\_\_ @ \_\_\_\_\_

We understand that some individuals cannot afford to pay the full cost of membership dues. What membership amount would be reasonable for you to pay? \$ \_\_\_\_\_

***If you are making an additional donation at this time, please check one of the following:***

- In Honor/Memory of \_\_\_\_\_
- General Operating Support
- Respite Program

If you no longer wish to receive mail from the Georgia Chapter APDA, please check this box ,  
complete the name and address fields above and return the form to the above address.

Georgia Chapter APDA  
www.apdageorgia.org  
404-325-2020