



**Georgia Chapter American Parkinson Disease Association
2010 – 2011 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

Information and Referral Center • Quarterly newsletter • Support groups • Monthly educational meetings
Free educational material • Caregiver Symposium • Respite Care Program/Parkinson Alzheimer's Caregiver Time Out Program