



***Georgia Chapter American Parkinson Disease Association
2011 – 2012 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. The annual membership fee is **\$30.00**. Please fill out the information below and make your check payable to APDA, Georgia Chapter.

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

New Member: _____ Renewing member: _____ Please Print: Date: _____

What support group do you belong to: _____

First Name: _____ Last 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 APDA Georgia Chapter please check this box, complete the name and address fields above and return the form to the below address.

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

Information and Referral Center • Quarterly Newsletter • Support Groups • Monthly Educational Meetings • Free Educational Materials • Caregiver Symposium • Respite Care Program/Parkinson Alzheimer's Caregiver Time Out Program

www.apdageorgia.org