



Alzheimer's Action Team Membership Form

Get involved, help us become an Alzheimer's Friendly Community, Join our Alzheimer's Action Team:

1. Complete and submit the membership information (top half) to Helping Hands Outreach.
2. Keep and use the Action Team Activity Log (bottom half) to:
 - A. Track your attendance at Helping Hands Educational Programs.
 - B. Track names of those you share Alzheimer's information with.

Complete all Action Team tasks and submit the log to Helping Hands to help us build our team.

Membership information:

Name: _____ Address: _____
 City, Zip: _____ Phone: _____
 Email address: _____

Important: To join the team, detach and return the above form to Holdingford Helping Hands. Keep the Action Team Activity Log below to track your activities.

Helping Hands Action Team Activity Log

- Membership information submitted (date): _____
- Education programs attended:
 Program 1: Attendance date: _____ Program 2: Attendance Date: _____
- List the names of everyone you shared Alzheimer's Information with:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

When list is full please submit to Helping Hands Outreach.