

Local Membership Form (short version)

- By completing this action plan we support the National Dementia Declaration.
- We want to join our local Dementia Action Alliance.
- We commit to the actions below.

Part 1 of 3: Completing actions

Please complete at least 3 actions - you can add more if necessary.

Action 1 title:

What we are going to do:

Action 2 title:

What we are going to do:

Action 3 title:

What we are going to do:

Part 2 of 3: Making a difference

1. Consider why you want to be a DAA member. How will you establish what actions are important locally for people affected by dementia?

2. How would you want to review the effectiveness of these actions?

Part 3 of 3: Your contact details

Organisation name:

Organisation type - please tick the relevant words that best reflect your organisation

- | | | | |
|---|---|--|------------------------------------|
| <input type="checkbox"/> Arts | <input type="checkbox"/> Health | <input type="checkbox"/> Public sector | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Care | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Recreation | <input type="checkbox"/> Voluntary |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Medical | <input type="checkbox"/> Research | <input type="checkbox"/> Other |
| <input type="checkbox"/> Emergency Services | <input type="checkbox"/> Membership | <input type="checkbox"/> Retail | |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Transport | |

Contact name:
Address:
Telephone:
Email:
Website address:
What does your organisation do? (Maximum 50 words.)
Can we share your contact details with other DAA members? YES / NO
Area your organisation covers:

Please **attach your organisation logo** and return this form to:

Lena Maller, Community Engagement Officer, Forest of Dean District Council
lena.maller@fdean.gov.uk

Thank you very much for joining The Forest of Dean Dementia Action Alliance.

