# Local Membership Form (short version)

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| * 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.

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| **Action 1 title:** |
| **What we are going to do:** |

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| **Action 2 title:** |
| **What we are going to do:** |

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| **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?**

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

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## Part 3 of 3: Your contact details

**Organisation name:**

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|  |

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

☐ *Arts*

☐ *Care*

☐ *Communication*

☐ *Emergency Services*

☐ *Finance*

☐ *Health*

☐ *Hospitality*

☐ *Medical*

☐ *Membership*

☐ *Pharmaceutical*

☐ *Public sector*

☐ *Recreation*

☐ *Research*

☐ *Retail*

☐ *Transport*

☐ *Utility*

☐ *Voluntary*

☐ *Other*

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| --- |
| **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.