Membership: Membership in the LEAD coalition is open to any organization that is committed to the Coalition's goals and mission. Members will be asked to complete a membership application, pay annual membership dues, and represent a constituency that includes service to individuals Alzheimer's disease, related dementias or their caregivers. LEAD members will be asked to voice their perspectives on Alzheimer's related issues and policies; to mobilize the Alzheimer's-serving community on issues of shared concern; and to inform and activate their constituents and stakeholders on Alzheimer's related issues through two-way communication and outreach.

Dues: The suggested annual minimum donation for LEAD coalition membership is $500.

Benefits of Membership in LEAD

- ✓ Participation in monthly LEAD meetings with key policy makers, government representatives and influential industry executives
- ✓ Educational forums and webinars presented by leading experts and key decision-makers on Alzheimer's and related issues
- ✓ Access to representatives of government, industry, and patient advocacy organizations
- ✓ Opportunities to inform and engage other coalition members around your priorities
- ✓ Increased visibility for your organization as a coalition member
- ✓ Access to current information about Alzheimer's disease and related activities through email alerts and a regular e-newsletter
- ✓ Receipt of targeted advocacy materials and timely information that can be passed on to your membership for immediate implementation
- ✓ Updates on legislative and regulatory issues impacting the Alzheimer's-serving community
- ✓ Access to a dedicated coalition website designed to serve as a clearinghouse of information for member activities, priorities and updates on key issues
- ✓ The ability to network with other advocates and subject matter experts

LEAD Membership Application
Please print clearly

Name:_____

Organization:_____

Address:_____

City: _____ State_____ Zip_____

Phone: _____ Fax: _____

Email:_____

Website:_____

Do we have your permission to identify your organization as a member _____ Yes _____ No

As a member of LEAD your involvement and the engagement of your members or affiliates strengthens the capacity of the Alzheimer's-serving community and is the key to its individual and collective success.

How many members or affiliates does your organization have, if any? _____

Are you willing to speak to the press? ____Yes _____ No

If so what issue(s) are you comfortable speaking about:

_____

_____

_____

Are you willing to author or byline op eds? _____ Yes _____No

Are you willing to testify at Congressional hearings? ___ Yes ___No

Are you and your organization willing to actively engage on Alzheimer's and related issues by:

_____ Participating regularly in monthly LEAD coalition meetings with key policymakers, government representatives and influential industry executives

_____ Presenting your organization's priorities and subject matter expertise at educational forums or webinars in order to inform LEAD members, government officials or elected leaders

_____ Advocating on behalf of LEAD priorities

_____ Distributing LEAD e-alerts to your constituencies and network

_____ Contacting your state, local, and Federally elected officials as needed

_____ Mobilizing your grassroots and grass-tops network on behalf of LEAD initiatives

_____ Are you willing to serve on one or more of the following workgroups as a subject matter expert?

_____ Clinical Care

_____ Long Term Care

_____ Drug Development

_____ Research

Signature: _____ Date: _____

By signing this form my organization agrees to become a member of the LEAD coalition. I/We understand that membership in the coalition is voluntary and that we will be given an opportunity to opt in or out of specific activities and LEAD initiatives. We further agree that we will provide advance written notice should we decide to cease our membership.

In order to support the activities of the coalition, we agree to make a donation in the amount of _____ (a suggested minimum is $500.00, but more generous donations are gratefully appreciated).

When writing your check, please make it out to the Alzheimer's Foundation of America and include the following notation in the memo portion: "Restricted LEAD Coalition". Mail it, along with your application, to:

Alzheimer's Foundation of America
322 Eighth Avenue, 7th Floor
New York, NY 10001

Thank you for your support and we look forward to working with you in the LEAD coalition!