



Please add me to the mailing list so I can stay informed about AFTD's expanding research, advocacy and support efforts.

Title _____ First Name _____ Last Name _____

Address _____

City _____ US State or Canadian Province _____

Zip Code/ Postal Code _____ Country _____

Primary Phone _____ Is this Home, Work or Cell? (circle one)

Email address _____

Would you like to receive our newsletter?

- Yes by postal mail (US and Canada only)
- Yes, by email
- By both regular and email
- No thanks.

So we can serve you better, please identify your primary interest in FTD? I am:

- Diagnosed with FTD
- The primary caregiver
- A family member or friend of someone with FTD A former caregiver
- A health professional or researcher
- Other

Please let us know if there are specific services or resources the Association can help you with at this time. You can always find us through the web at www.theaftd.org.

Thank you – drop this form at AFTD's table today or mail it to the address above and we'll get you signed up!