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**APPLICATION FORM (Associate Membership)**

**The Eastbourne Dementia Inclusive Community Charter**

Thank you for your interest in signing up to or renewing your membership of the Charter. Below are suggested pledges to help you meet your commitments. **Please select a minimum of two**. They will form part of your application to become an **Associate** Charter Partner, or to renew your membership for another year.

|  |  |  |
| --- | --- | --- |
|  | **Description** | **Please tick** |
| 1. | To attend EDAA networking events and to share information and collaborate with other services to make Eastbourne more dementia inclusive. |  |
| 2. | Follow the EDAA Facebook page (@EastbourneDementiaActionAlliance) and share details of Dementia inclusive services and initiatives. (We would be happy to publicise your charity/organisation on our social media pages.) |  |
| 3. | Display an EDAA poster and/or sticker, and Dementia related information on notice boards and/or in public areas, signposting where people can go for help and support if concerned about a possible diagnosis of Dementia. |  |
| 4. | Learn from the experts by experience, Sea DEEP. If you are running an activity/event, or if you’re a retailer or public service provider, engage with Sea DEEP – the group can help guide you, for example, in your delivery of services, providing first-hand knowledge and experience on how to make your event, activity or space more inclusive to everyone - but especially to people living with Dementia. Ask the EDAA for an introduction as part of your “sign-up". |  |
| 5. | Other – your own suggestions. Please provide details with your application and the Trustees will consider whether it reflects the EDAA’s objectives. |  |

**Complete your contact details:**

|  |  |
| --- | --- |
| **ORGANISATION** |  |
| **EMAIL ADDRESS** |  |
| **TELEPHONE NO.** |  |
| **POSTAL ADDRESS** |  |

This document forms the basis of our application to become/renew our membership as (*please delete which is not applicable*) an Associate Charter Partner of the Eastbourne Dementia Friendly Community Charter. We are happy for these contact details to be held on file and understand they will not be shared with third parties. Upon receipt of this application, we understand it will be reviewed by the Trustees of the Eastbourne Dementia Action Alliance who will then notify us about the next steps.

Signed ………………………………………Date ……………………

Print Name ………………………………………………

Thank you for your interest. Please complete this form and return it to:

**Email**: David Edwards, Charity Co-ordinator, [hello@eastbournedaa.co.uk](mailto:hello@eastbournedaa.co.uk)   
  
**Write to**: Ian Cottrell, Secretary, Eastbourne Dementia Action Alliance (EDAA)

Unit E, Dittons Business Park, Polegate, Eastbourne, BN26 6HY