

# ADVOCACY INITIATIVE NETWORK OF MAINE, INC.

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## Membership Application

To apply for membership, please complete this form and mail or fax back it us.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you a:

- Consumer
  
- Family Member
  
- Provider
  
- Community Member