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| [insert community name] sign up   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  |   Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Check all that apply:**  \_\_\_\_ Send me updates on [insert community name]  work toward becoming dementia friendly.  \_\_\_\_ I am interested in being part of the Action Team.  \_\_\_\_ I want to donate resources (e.g., meeting space,  advertising, funds for basic operating needs, etc.)  \_\_\_\_ Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [insert community name] sign up   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  |   Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Check all that apply:**  \_\_\_\_ Send me updates on [insert community name]  work toward becoming dementia friendly.  \_\_\_\_ I am interested in being part of the Action Team.  \_\_\_\_ I want to donate resources (e.g., meeting space,  advertising, funds for basic operating needs, etc.)  \_\_\_\_ Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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