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ENRICHING THE LIVES OF ADULTS WITH DISABILITIES

## Mission Statement

*To Enrich the Lives of Adults Living with Developmental and/or Physical Challenges By Providing Opportunities to Succeed Through Positive Social Inclusion, Individual Choice, Independence and Rights.*

## Membership Application

April 01, 2017 – March 31, 2018

Please circle one: Mr. Mrs. Miss Ms.

First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1 Life - \$100.00

1 Single - \$10.00

Your Affiliation to Harmony In Action \_\_\_\_\_

Your Interest in Harmony In Action and its Mission \_\_\_\_\_

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*Note: You must be a paid member to vote in the annual election of Board Members.  
This Membership Application must be submitted and paid in full 10 days prior to the annual meeting.  
You will be notified no later than 3 days prior to the annual meeting if your membership application has been accepted by the Board of Directors.*

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