

DividedWeFail.org

Join the Divided We Fail Michigan Team

I have read the **Divided We Fail** platform and wish to add my organization's name to the Michigan Team. I understand the **Divided We Fail Michigan Team** list may be used publicly to demonstrate support for the campaign's platform of health and financial security.

_____ I consent to the use of my organization's name in connection with the **Divided We Fail Michigan Team** in any medium, including, but not limited to, printed materials and the Internet.

Organization: _____

Your Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Phone(s): _____

Email: _____

Please indicate how your organization wants to participate:

- Informing members, constituents, customers and/or employees of upcoming **Divided We Fail** public events across Michigan
- Providing participants for upcoming **Divided We Fail** public events across Michigan
- Hosting a **Divided We Fail** Community Conversation/Town Hall Meeting
- Hosting a **Divided We Fail** Opinion Leader Candidate Forum
- Collecting/Sharing personal stories on health care/financial security
- Identifying **Divided We Fail** voters using "opt in" pledge forms and petitions created by AARP for inclusion in our "Million Voices" national listserv
- Writing/Signing a **Divided We Fail** "Letter to the Editor" or "Opinion Column" for the local newspaper
- Serving on the **Divided We Fail Michigan Leadership Team**
- While I am unable to add my organization's name to the **Divided We Fail Michigan Team** now, I am interested in participating and/or joining at a later date

Please respond to:

Kim Hodge at 313-318-0517 or khodge@aarp.org

You can also fax this form to 517-482-2794