



Canadian Mental Health Association
for the Kootenays

Sign Me Up!

Membership term April 1 2008 to March 31 2009

Mr. Ms. Mrs. Dr.

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Phone: _____

Email: _____

<input type="checkbox"/>	Subsidized Membership	\$5
<input type="checkbox"/>	Individual Membership	\$20
<input type="checkbox"/>	Organization Membership	\$50

Designated Voting Member: _____

In addition I am donating \$_____

Please make cheques payable to:
Canadian Mental Health Association
for the Kootenays

Please give generously!
Your support does make a difference!

By joining CMHA, you become a member of
your:

Local CMHA Branch
CMHA BC Division
CMHA National Office

I am interested in becoming a board member
 volunteering learning about job opportunities

Please feel secure. We only use your personal information to provide services and to keep you informed and up to date in the activities of CMHA, including programs, services, special events, funding needs, and opportunities to volunteer or to give. CMHA Kootenays conforms to all relevant privacy legislation and you are free to view the information we collect about you at any time. We do not trade or sell our donor membership lists with outside organizations. Charitable Organization No 1006170-11

Mail to:

Canadian Mental Health Association
for the Kootenays
39 13th Avenue South
Cranbrook BC V1C 2V4