

Canadian Mental Health Association North and West Vancouver Mental health for all

Membership Form

As a member of the CMHA North & West Vancouver Branch, you are a stakeholder in the work we do! You are entitled to free brochures on mental health and mental illness, to borrow materials from our resource library and to have a voice in the future direction of CMHA on the North Shore. In addition, your CMHA North & West Vancouver membership extends to both the provincial- and national-level CMHA organizations.

Annual Membership Fees (2015 - 2016)

Individual	\$20.00
Corporate	\$50.00
Low Income	\$5.00
I also wish to make an additional donation of \$	

Please note that charitable receipts are available for donations only. Membership fees are exempt from this provision as per Revenue Canada regulations. Registered Charity Number: 4143 RR0001

Method of Payment:

Please choose one:					
	Cheque made payable to CMHA North and West Vancouver				
	Visa				
	Mastercard				
	Credit Card Number:	Expiry Date:/			
	Signature:				
Contact Details:					
Name:					
Addres	s:				
City: _	Postal Code:				
Email:		_ Phone:			

I give permission for the Canadian Mental Health Association to contact me by email or regular mail in order to keep me apprised of their activities and to advise me of events and other initiatives related to the organization

"Canadian Mental Health Association – North and West Vancouver Branch" Charitable Registration No: 10686 4143 RR0001