



CANADIAN MENTAL  
HEALTH ASSOCIATION  
ASSOCIATION CANADIENNE  
POUR LA SANTÉ MENTALE

NEWFOUNDLAND AND LABRADOR DIVISION

## CMHA-NL Membership Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: Work \_\_\_\_\_ Home \_\_\_\_\_

Occupation: \_\_\_\_\_

Yes I would like to receive electronic updates regarding news and events

Please provide E-Mail address \_\_\_\_\_

### Membership Fees:

Personal: \$20.00

Limited Income: \$2.50

Corporate: \$100.00

Payment options (select one):  Cheque  Money Order  Credit Card

(Please make cheque or money order payable to Canadian Mental Health Association, NL Division.)

Credit Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Membership fees must be paid in order to vote at the AGM.**

For more information on membership, please read the CMHA-NL By-laws posted on our website at [www.cmhanl.ca](http://www.cmhanl.ca) under "About CMHA-NL."

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Mail completed Membership Form to:

Canadian Mental Health Association, NL Division  
70 The Boulevard, 1<sup>st</sup> Floor St. John's, NL A1A 1K2

Tel: (709)753-8550, toll free 1-877-753-8550 ● Fax: (709)753-8537 ● Email: [office@cmhanl.ca](mailto:office@cmhanl.ca)