



CANADIAN MENTAL  
HEALTH ASSOCIATION  
ASSOCIATION CANADIENNE  
POUR LA SANTÉ MENTALE

**Newfoundland and Labrador Division**

**Membership Form  
October 9<sup>th</sup>, 2009**

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

**Please provide E-Mail** \_\_\_\_\_

**Membership Fees:**

**Personal:** \$20.00

**Limited Income:** \$2.50

**Corporate:** \$100.00

**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"