



Canadian Mental
Health Association
Newfoundland and Labrador

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 under "About CMHA-NL."

Mail completed Membership Form to:

Canadian Mental Health Association, NL Division
70 The Boulevard, 1st 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