



**CANADIAN MENTAL
HEALTH ASSOCIATION**
**L'ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE**

Kawartha Lakes Branch
2 Kent St. W., 2nd floor
Lindsay, Ontario
K9V 2Y1
Tel: (705) 328-2704
Fax: (705) 328-2456
info.cmha@cmhakawarthalakes.ca

MEMBERSHIP FORM (2009-2010)

What does membership mean to you?

Acknowledgement of your concern and interest in Mental Health issues in your community.

Free publications – newsletter, media releases, annual reports, and other materials (not normally for sale) are yours for the asking. Our National office will keep you in tune with the latest advances in mental health in Canada.

Opportunities for personal development – you choose if you want to be an active member and volunteer your time, expertise, or goodwill.

You choose if you want to support CMHA's programs and activities in other ways; by responding to surveys, financially, or writing a letter to your lawmakers when needed.

Voting privileges at the Annual General Meeting.

I wish to support the Canadian Mental Health Association in their work to promote the mental health of all people by purchasing a membership.

NAME: _____ DATE: _____ 20 ____
(Please Print)

ADDRESS: _____

POSTAL CODE: _____ HOME PHONE: _____ WORK PHONE: _____

FAX #: _____ E-MAIL: _____

SIGNATURE: _____

Membership Fee: Cost is \$10.00 - Based on a per individual basis

Method of payment: Cash Receipt issued
or
 Cheque made payable to
Canadian Mental Health Association
Kawartha Lakes Branch

Please check here if you: wish to receive the newsletter(s)
 would like to receive information about volunteer opportunities

Please return this form to the: *Canadian Mental Health Association Kawartha Lakes Branch
at the address listed above*

**The Best Answer To Mental Health Problems Is A Caring Community
And A Caring Community Begins With You**