



MEMBERSHIP FORM

Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____ Date: _____

MEMBERSHIP TYPE

New Renewal

Expiry Date: March 31, 20____

Amount: \$ _____

Please make cheques payable to CMHA

<input type="checkbox"/> Participant	\$ 2.00
<input type="checkbox"/> Personal	15.00
<input type="checkbox"/> Supporting	30.00
<input type="checkbox"/> Professional	50.00
<input type="checkbox"/> Patron	150.00

To become a CMHA member, simply fill out the form and send it, along with your payment, to the CMHA Division office, or contact your local branch.

By joining CMHA you will help support social, vocational and recreational programs designed to help those people affected with mental illness to lead productive lives.

Your membership fees will also be used to help provide education and create mental health awareness throughout Saskatchewan.

Members receive TRANSITION with a regular, current, CMHA membership.

Charitable Organization # 10686 4044 RR0001

PLEASE INDICATED MEMBER'S BRANCH

<input type="checkbox"/> Battlefords	<input type="checkbox"/> Regina
<input type="checkbox"/> Estevan	<input type="checkbox"/> Saskatoon
<input type="checkbox"/> Kindersley	<input type="checkbox"/> Swift Current
<input type="checkbox"/> Moose Jaw	<input type="checkbox"/> Weyburn
<input type="checkbox"/> Prince Albert	<input type="checkbox"/> Division