



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](http://www.cmhanl.ca) under "About CMHA-NL."

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Mail completed Membership Form to:

Canadian Mental Health Association, NL Division  
603 Topsail Road St. John's, NL A1E 2E1

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