

April 1, 20____ to March 31, 20____

Mr. Mrs. Ms. Dr. Under-
age

Name: _____

Address: _____

This information is required for Charity Canada recording purposes
and **WILL NOT** be shared with external organizations.

City: _____ Province: _____

Postal Code: _____

Phone: _____

Email: _____

Please do NOT send any materials or publica-
tions to my address.

Subsidized Membership \$ 5.00

Individual Membership \$20.00

Organization Membership \$50.00

Designated Voting Member:

In addition, I am donating \$_____

Please make cheques payable to:
Canadian Mental Health Association - Kootenays

Please give generously!
Your support does make a difference!

By joining CMHA, you become a member of your:

Local CMHA Branch
CMHA BC Division
CMHA National Office

Please feel secure. We only use your personal information to provide services and to keep you informed and up to date in the activities of CMHA, including programs, services, special events, funding needs, and opportunities to volunteer or to give. CMHA Kootenays conforms to all relevant privacy legislation and you are free to view the information we collect about you at any time. We do not trade or sell our donor membership lists with outside organizations.
Charitable Organization No 1006170-11

Mail to:

Canadian Mental Health Association
100-1000 21st Ave North
CRANBROOK BC V1C 5L9