

Support CMHA

WE ARE MAKING A DIFFERENCE IN YOUR COMMUNITY. HELP SUPPORT OUR WORK.

Our Vision: Mentally Healthy People in a Healthy Society.

"Our mission is to be a recognized leader in promoting and supporting mental health in our community"

Your membership support shows you care about the issues of mental health in your community. Help us to provide service to the nearly 200,000 York Region and South Simcoe residents who will experience a mental illness in their lifetime and support to their families.

For more information:

Membership Coordinator
300 - 1091 Gorham Street, Newmarket, ON, L3Y 8X7
905.853-8477 or 1.866.208.5509 x 2205
yorkregion@cmha-yr.on.ca / www.cmha-yr.on.ca

Equity of Access - Prevention, Early Identification and Intervention - Community Awareness through Information and Knowledge - Collaboration, Service Integration and Strategic Partnerships - Respecting Diversity - Empowerment and Inclusion - Excellence and Innovation.

Member Advantages

- Quarterly Notes from the CEO
- Network Magazine
- Mental Health Notes
- Upcoming Event Flyers
- Ontario Division and National Office membership

MEMBERSHIP FORM

New Renewal of membership

Name: _____ Organization: _____

Address: _____ City: _____ Postal Code: _____

Email: _____ Email is needed to receive the weekly *Mental Health Notes* e-newsletter from Ontario Division

Phone: _____
Home Work

MEMBERSHIP OPTIONS

- | | |
|--|------|
| <input type="checkbox"/> Individual | \$20 |
| <input type="checkbox"/> Student/Senior/Volunteer/Limited Income | \$2 |
| <input type="checkbox"/> Organization (no voting privileges) | \$50 |
| <input type="checkbox"/> Family | \$35 |

ADDITIONAL DONATION \$ _____

TOTAL AMOUNT \$ _____

PAYMENT OPTIONS

- | | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Cheque | Payable to : CMHA, York Region |
| <input type="checkbox"/> Visa | No. _____ |
| <input type="checkbox"/> Mastercard | No. _____ |
| | Exp. _____ |

Signature: _____

Please send me a charitable tax receipt

◆ Charitable Registration No. 12363 5534 RR0001

Please mail your completed form, along with payment, to:
Canadian Mental Health Association, York Region Branch
1091 Gorham, Suite 300, Newmarket, Ontario, L3Y 7X8

A member agency of United Way of York Region