

Membership Application 2020-2021

Please write legibly!

Name: _____

Approached by: _____

Home Address: _____

Business Address (if applicable): _____

Telephone _____

Telephone _____

Cell Phone _____

Cell Phone _____

E-mail _____

E-mail _____

I would prefer all correspondence to be forwarded to my: Home ____ Business ____

Have you ever been refused membership in any Branch of CMHA? Yes ____ No ____

Are you presently a volunteer of the Vernon Branch? Yes ____ No ____

If not, are you interested in Volunteer work? Yes ____ No ____

Please note: all volunteers must successfully complete a criminal record check.

Thank you for your interest in becoming a member of the Canadian Mental Health Association (CMHA). Your request for membership will be approved following completion of the Membership Application form and payment of membership fees of \$20.00 / year.

In order to maintain our Society status, it is important that all members make every reasonable effort to attend our Annual General Meeting. (Usually held in September).

Other information of interest to the Branch (service to other organizations, special skills / expertise, personal or family experience with mental illness, etc.)

I have submitted my membership fee and would like to be accepted as a member of the CMHA Vernon Branch.

Signature: _____

Date: _____

