

## Membership Application 2022-2023

Please write clearly.

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: \_\_\_\_\_

