

MEMBERSHIP FORM

MENTAL HEALTH GUILD _____(Date)

_____ \$25 Active _____ \$35 Supporting _____ \$100 Business _____ \$200 Life Member*

Please accept my additional donation of _____ in support of Mental Health Guild.
PLEASE PRINT

Mr. Dr. Mrs. Ms. (circle one) _____

Mailing Address _____

City, State, Zip _____

Phone: Home _____ (circle) Cell/Work _____

Email Address _____

As an Active Member, I will serve in the following areas (Please check at least 1):

- | | |
|---|---|
| <input type="checkbox"/> Event Chairman/Co-Chairman | <input type="checkbox"/> Newsletter/Public Relations |
| <input type="checkbox"/> MHG Homeless Outreach | <input type="checkbox"/> Legislative Advocate |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Computer Work/Graphic Design |
| <input type="checkbox"/> Fund-raising | <input type="checkbox"/> Telephone Calling |
| <input type="checkbox"/> Website Assistance | <input type="checkbox"/> Addressing/Mailing |
| <input type="checkbox"/> Event Table Host | <input type="checkbox"/> Special Event Committee |
| <input type="checkbox"/> Speaker on (topic) _____ | <input type="checkbox"/> |

Other _____

Please return this form with a check to Mental Health Guild,
Dana Faris, Membership Chair, 4312 W. Royal Palm Rd. Glendale, AZ 85302-6625

To pay with credit card, go to <http://www.mentalhealthguild.org>

MHG is a 501(C)(3) AZ Corporation. #86-0412022.

Mental Health Guild collaborates and supports programs to improve the lives of individuals impacted by mental illness.