

Yes, I would like to begin or renew my **Canadian Mental Health Association - Cariboo Chilcotin Branch** Membership which automatically includes a BC Division membership

☐ Individual - \$5.00 ☐ Corporate - \$50.00

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Name: _____

Address: _____

City/Province: _____

Postal Code: _____

Phone Number: (_____) - ____ - _____

Email: _____

Yearly Membership Fee:

(Expires at Annual General Meeting in October of each year)

I would prefer to pay by:

☐ Cash ☐ Cheque (payable to **CMHA-CCB**)

Your membership includes:

- A CMHA membership card, to show you care about mental health in BC
- A voice in the future direction of CMHA
through the opportunity to elect the governing board and attend the Annual General Meeting
- A free subscription to the award-winning Visions Journal (a \$25 value)

☐ I would like to receive Mind Matters, CMHA BC's free monthly email newsletter

☐ I would like information of volunteering.

☐ I would like information of recognizing CMHA
in my will.

In addition to my membership, I would like to
donate \$ _____