



**Mental Health Association
in Michigan**

Mental Health Association in Michigan Membership Form

Membership Categories

Student, Senior Citizen, Mental Health Consumer, Family Member	\$20.00_____
Professional	\$75.00_____
Organization	\$300.00_____
Sponsor	\$500.00_____

Please make checks payable to: MHAM

E-mail communications for membership: matthudkins@gmail.com

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

(Circle one) Check | Amex | Visa | MasterCard

Card Number: _____ Expiration Date: _____
3-Digit Security Code (from back) _____ 4-Digit Security Code (on front for AMEX) _____