



# Membership Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Today's Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

Job / Profession: \_\_\_\_\_

New Member                       Renewal

## Yes!

*I want to be a member*

___ Individual	\$	25
___ Family		40
___ Patron		50
___ Professional*		50
___ Supporter*		100

## Bell Honor Members

___ Bronze Bell*	\$	200
___ Silver Bell*		300
___ Gold Bell*		600
___ Platinum Bell*		1000



*\*Includes MHA-A Membership Certificate*

*What was your membership level last year - \_\_\_\_\_*

*New member? Who referred you? - \_\_\_\_\_*

*Mental Health America - Augusta is a chapter of the country's leading nonprofit dedicated to helping ALL people live mentally healthier lives. With more than 320 affiliates nationwide, we are a growing movement of Americans who promote mental wellness for the health and well-being of the nation - everyday and in times of crisis.*



Please make checks payable to: MHA-A. Send to MHA-A, Rm. 206, The Professional Building, 101 W. Frederick Street, Staunton, VA 24401