## **Mental Health Association** of Southeast Florida





## PLEASE PRINT CLEARLY - Please answer all questions

A complete list of all membership benefits or a link to online membership application can be requested by email: <a href="mailto:education@mhasefl.org">education@mhasefl.org</a>
<a href="mailto:QUESTIONS?">QUESTIONS?</a> Call 954-746-2055

LAST NAME	First Name
Address	
City	State Zip
Phone	Alt Phone
Email Address	
Professionally, are you Florida Licensed or Certified by If yes, Professional Membership Application can be req	
Please indicate your interest in serving as a volunte	er for MHASEFL
I am interested in serving children in the LISTEN TO CH	HILDREN or I'M THUMBODY programs
I am interested in serving at the 9MUSES ART CENTER	₹
I would like to become actively involved in the MHASEF  Special Events/Fundraising Pu	L committee for Dutreach Events
☐ Membership Development Other	
MEMBERSHIP OPTIONS  Do you wish to:  ☐ Join MHASEFL as an Individual/Family  ☐ Individual/Family (\$25.00) ☐ Donor (\$50.	00) O Patron (\$100.00)
☐ Join MHASEFL as an Organization ☐ 501c3 Not-For-Profit Agency Membership (\$	(250.00) O Business Membership (\$500.00)

BELL KEEPERS CIRCLE membership application can be requested by email: education@mhasefl.org

The Mental Health Association of Broward County (dba Mental Health Association of Southeast Florida) is an IRS approved 501(c)(3) corporation. Contributions are tax deductible. MHA is registered as a charitable organization with the Florida Department of Agriculture and Consumer Affairs, registration number SC02513. A copy of the official registration and financial information may be obtained from the Division of Consumer Affairs by calling 800-435-7352 within the State of Florida. Registration does not imply endorsement, approval or recommendation by the State of Florida.

100% of your tax deductible contribution will support the programs and services of the Mental Health Association of Southeast Florida.