



Canadian Coalition of Alternative Mental Health Resources

Suite 604 - 55 King Street
St. Catharines, ON L2R 3H5
Telephone: 905-682-2423
Toll-Free: 888-406-4663
Fax: 905-682-7469

Membership Form For Individuals and Organizations

Please complete the membership form and organizational profile. Return this with your payment payable to CCAMHR. Forward to: 55 King Street, Suite 604, St. Catharines, ON L2R 3H5

Thank you for supporting CCAMHR. A receipt will be forwarded to you shortly.

1. Membership Level

Individual / Organizational Membership

I wish to renew at the () individual () organizational membership level

2. Membership Fee for 2009-2010

Organizational Membership \$ 250.00

Individual Membership \$ 25.00

I wish to make a donation to the CCAMR in the amount of \$_____

Membership dues enclosed \$_____

Total amount remitted \$_____

Organizational Profile

Name	
Position	
Name of Organization	
Mailing address	
Suite #	
City	
Province	
Postal Code	
Province	
Phone	
Fax	
E-mail	
Website URL	
Primary Contact	
Title	
E-mail	
Phone	
Language or preference	
Secondary Contact	
Title	
Email	
Phone	
Language of preference	

Organizational Size

Number of members in your organization _____

Number of employees in your organization _____

Organizational Type:

Select all that are applicable

- | | |
|--|---|
| <input type="checkbox"/> Arts and culture | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Education | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Faith Based | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Government | <input type="checkbox"/> Foundation |
| <input type="checkbox"/> Justice | <input type="checkbox"/> Health |
| <input type="checkbox"/> Older adults | <input type="checkbox"/> International development |
| <input type="checkbox"/> Research | <input type="checkbox"/> International volunteerism |
| <input type="checkbox"/> Sports and recreation | <input type="checkbox"/> National |
| <input type="checkbox"/> Volunteer centre | <input type="checkbox"/> Political |
| <input type="checkbox"/> social Science | <input type="checkbox"/> Corporate |
| <input type="checkbox"/> Youth | |

Would you like to receive information regarding the Coalition?

- yes no for further information about the coalition
please visit www.ccamhr.ca

Preferred method of receiving information:

Email:

Phone:

- I would prefer not to receive any updates.