

Membership Application Form

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

(Optional) By providing an e-mail address, I am indicating that I desire to receive e-mail updates from the organization on a regular basis.

Membership Level (Check one)

- Individual \$ 35.00
- Family \$ 50.00
- Professional \$ 75.00
- Corporate \$150.00
- Client FREE

Total Membership Dues \$ \_\_\_\_\_  
I wish to donate an additional amount (optional) \$ \_\_\_\_\_  
I wish to contribute to assist in providing free memberships  
for clients (optional) \$ \_\_\_\_\_  
Total Amount Enclosed \$ \_\_\_\_\_

Method of Payment:  Cash  Check  Please Invoice  
Credit Card:  MasterCard  VISA  Discover  Amer. Exp.

Card # \_\_\_\_\_ CV Code \_\_\_\_\_ Exp. Date \_\_\_\_\_  
(from back of card)

Name \_\_\_\_\_ Signature \_\_\_\_\_  
(as it appears on card)

Detach and mail to:  
MHA of East Central Florida, Inc.  
531 S. Ridgewood Avenue, Daytona Beach, FL 32114  
Charge Card orders may also call:  
386-252-5785  
Or fax to: 386-255-7560

The Mental Health Association of East Central Florida, Inc. is a non-profit 501(c)3 corporation. Thank you for your tax deductible contribution and support.

I am interested in learning more about volunteer opportunities.