



3131 Sanguinet Street
Fort Worth, TX 76107
Voice: 817-927-5200
Fax: 817-927-2007

www.mentalhealthconnection.org

Membership Application

Type of membership requested: Individual Organizational Sponsor
(Please complete the appropriate section below. Attach additional pages as necessary.)

Organizational Membership: (Membership levels are listed on back page.)

Organization name: _____

Chief Executive's Name: _____

Title: _____ E-Mail: _____

Phone: _____ Fax: _____

Address: _____

City: _____ Zip: _____

Organization's mission: _____

Type of organization: _____ Non-profit organization _____ For-profit organization

Do you provide services related to mental health? _____ If so, please list or attach list:

Primary Organizational Contact (this person will be designated as the person authorized to vote on behalf of the organization):

Name: _____

Mailing Address: _____

City: _____ Zip: _____ Phone: _____

Fax: _____ E-Mail: _____

Please list your educational background: _____

Licenses/credentials/certifications: _____

Web-Site Address: _____

Individual membership:

Name: _____

Mailing address: _____

City: _____ Zip: _____

Phone number: _____ Fax number: _____

Email address: _____

What is your interest in the Mental Health Connection?

Do you have family members who are affected by mental illness?

What do you expect to gain from membership?

I am a: Consumer ____ Caregiver: ____ MH Professional: ____ Other: _____

Membership Levels (equal voting rights):

Please check appropriate category	Criteria	Annual Dues
	Individual member (including parents, consumers, concerned citizens, Mental Health professionals or other special circumstances):	\$30
	Organization with operating budget of less than \$100,000	\$300
	Organization with operating budget of \$100,000 to \$500,000	\$600
	Organization with operating budget of \$500,001 to \$1 million	\$1000
	Organization with operating budget of \$1 million to \$5 million	\$2000
	Organization with operating budget of \$5 million to \$10 million	\$3500
	Organization with operating budget over \$10 million	\$5500
	Organization with operating budget over \$20 million (Sponsor Level)	\$10,000
	Organization with operating budget over \$100 million (Sponsor Level)	\$20,000

Some organizations provide funds exceeding their baseline membership dues and are designated as Mental Health Connection Sponsors. While this does not bring additional voting privileges, it does bring additional recognition in publication, marketing activities, and access to MHC resources.

Please make checks payable to **Mental Health Connection of Tarrant County.**

Payment information:

_____ Annual payment of \$_____ is enclosed.

_____ I prefer to pay in semi-annual quarterly installments of \$_____.

First payment of \$_____ is enclosed.

Signature: _____ Date: _____

Please mail this form with payment to Patsy Thomas, 3131 Sanguinet Street, Fort Worth, TX 76107.