



Membership Form

Thank you for your interest in membership with the Canadian Mental Health Association, Haliburton, Kawartha, Pine Ridge (C.M.H.A. H.K.P.R.).

I wish to become a member of C.M.H.A. H.K.P.R.

I wish to renew my membership.

Please choose the appropriate membership:

Corporate - \$50.00

Non-Profit - \$25.00

Family - \$25.00

Individual - \$20.00

Student - \$5.00

Fixed Income - \$1.00

Name:

Organization:

Address:

City:

Postal Code:

Telephone:

Email:

Payment type:	Cash	Cheque	Credit (Fill below)	Online (See instructions)
Cardholder Name:				Card Type:
Credit Card #:				Expiry – MM/YY:
<p>Tick to indicate you have made your payment online at Canadahelps.org: www.canadahelps.org/dn/4840</p> <p><i>Please Note: This form must still be completed and submitted for membership processing.</i></p>				

Please send completed form, or direct questions to: Kerri Davies, Manager of Development
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