

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.

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Please choose the appropriate members	hip
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Corporate - \$50.00

Non-Profit - \$25.00

Family - \$35.00

Individual - \$25.00

Student - \$5.00

Fixed Income - \$1.00

Payment type:	Cash	Cheque	Credit (Fill below)	Onli
Email:				
Telephone:				
Postal Code:				
City:				
Address:				
Organization:				
Name:				

Payment type: Cash Cheque Credit (Fill below) Online (See instructions)

Cardholder Name: Card Type:

Credit Card #: Expiry – MM/YY:

Tick to indicate you have made your payment online at Canadahelps.org: www.canadahelps.org/dn/4840 Please Note: This form must still be completed and submitted for membership processing.

Please send completed form, or direct questions to: Kerri Davies, Manager of Community Engagement C.M.H.A. H.K.P.R. kdavies@cmhahkpr.ca | 705-748-6687 extension 1048 | Fax: 705-748-2577 415 Water Street, Peterborough, ON K9H 3L9