

## **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.

Year of 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

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:

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 inquiries to: Jack Veitch, Manager of Community Engagement and Education jveitch@cmhahkpr.ca | 705-748-6687 extension 1015

415 Water Street, Peterborough, ON K9H 3L9

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