



2010 Membership Application

Please return this form with your payment to:
3136 West 4th Street, Fort Worth, TX 76107

Individual Membership - \$35

Your membership fee will make a difference in creating a healthier community:

- Access to our Local Resource Database, accessible 24/7.
- Community Education on Mental Health
- Monthly eNewsletter
- Bi-Monthly Events Calendar
- Advocacy for Individuals Impacted by Mental Illness
- Continuing Education and Training Opportunities

*Membership in the Mental Health Association of Tarrant County is good for **one year** beginning the month dues are received. Organizations are not limited to the number of employees named as representative members to MHATC. If you're interested in a membership for your organization, please contact Brenda Rios at 817-335-5405.*

Agreement

I wish to join the Mental Health Association of Tarrant County (MHATC). I am enclosing my membership fee, payable to the Mental Health Association of Tarrant County.

Signature

Printed Name and Title

Contact Information – Please update the record we have on file for you.

Contact Name: _____

Company Name: _____

Address: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Website _____

Credit Card Purchase

Card Number #: _____

Exp. Date: _____

Name on Card (print): _____

Signature: _____

Thank you for your partnership.

Confidential

MHATCMemberApp.pdf

All Contributions are Tax Deductible

Contact us at: 817-335-5405 or brios@mhafc.org