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2008 Membership

The National Coalition of Mental Health Professionals & Consumers Inc.
<http://www.TheNationalCoalition.org>

AN ADVOCACY AND EDUCATION ORGANIZATION WORKING TO

- Promote a mentally and emotionally healthy nation.
- De-stigmatize the treatment of mental and emotional distress.
- Inform America about the need for adequate mental health and substance abuse services.

Dedicated to the creation of high quality accessible systems that provide mental health services based in privacy, consumer choice and professional responsibility.

As a Coalition Member

You receive the Coalition Report Newsletter & Coalition E-lets come to your e-mail address

You can join our national list-serve and receive current legal, legislative and media alerts.

Your active involvement is encouraged. You support privacy, access and quality mental health services.

MEMBERSHIP LEVELS:

\$10,000+ Angel	\$251 - 500 Reformer
\$5001 - 10,000 Super Hero	\$176 - 250 Challenger
\$2501 - 5,000 Hero	\$100 - 175 Advocate
\$1001 - 2,500 Champion	\$35 - 99 Supporter
\$501 - 1000 Leader	\$10 - \$34 Student or Hardship

National Coalition Foundation

In addition to your membership contribution, you may also choose to contribute to the National Coalition Foundation.

Foundation funds may be used for public education, office expenses and other essential costs that do not pertain to the Coalition's political advocacy activities.

Dues payments may be deductible as a business expense. Please check with your tax professional. All Foundation contributions are tax deductible.

YES! I want to be a 2008 member of the National Coalition of Mental Health Professionals and Consumers, Inc.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Fax: _____

Work Ph: _____ Home Ph: _____

E-mail: _____ Put/Keep me on the Coalition List Serve: Yes No

Please mark all that apply: I am a Consumer or Student I am an Elected Official I am Clergy

I am a Mental Health Professional Discipline: _____ Degree: _____

I want to promote public and policy-maker awareness of **The Essential Elements of Mental Health and Substance Abuse Care**

I am willing to contact legislators by e-mail by letter by phone in person

Checks payable to **NCMHPC, Inc.**
mail to:

NCMHPC, Inc.
P.O. Box 438
Commack, New York, 11725-0438

*Enclose Foundation donations
in the envelope with your
membership contribution.*

Thank You!

Checks payable to **NCMHPC Foundation**
mail to:

NCMHPC Foundation
P.O. Box 438
Commack, New York, 11725-0438

We Accept Visa, MasterCard & American Express

Name on Card _____ Type of Card: Visa Master Card Amex

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Amount to Charge: \$ _____ Membership Contribution Amount to Charge: \$ _____ Foundation Donation