



Membership Application

YES! I want to join the National Coalition of Mental Health Professionals and Consumers, Inc.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Ph: _____ Home Ph: _____ Fax: _____

Cell Ph. _____ E-mail: _____

Please check all that apply:

I am a Consumer? I am a Student? I am a Professional?

Discipline Degree Specialty

I am an Elected Official What Locality

I am Clergy

I am Other (please list)

Membership:

\$1 - \$35 Student or Consumer who can not afford the regular fees

\$35 and up Student and Consumer

\$100 and up Professional Member

\$35 - 99 supporter

\$100 - 175 advocate - **minimum for Professionals**

\$176 - 250 challenger

\$251 - 500 reformer

\$501 - 1000 leader

\$1001 - 2,500 champion

\$2501 - 5,000 hero

\$5001 - 10,000 super hero

\$10,000+ Angel

This dues payment is not deductible as a charitable contribution but may be deductible as a business expense. Please check with your tax professional on this issue.

We need your help! Please check any of the following areas of participation that interest you:

Membership

Media/Public Education

Writing/Editing

Legislative Action

Phone Tree

Legal

Fund raising

Consumer

Make checks payable to NCMHPC, Inc. and mail together with this form to:

The National Coalition of Mental Health Professionals and Consumers, Inc.

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

To Fax a credit card payment enter information below and fax to: 631-979-5293

We Accept Visa, MasterCard & American Express

Type of Card Visa Master Card American Express

Card Number _____ Exp _____

Name on Card _____

Signature _____

Join the efforts to restore an ethical, confidential health care system for professionals and patients.