

## MEMBERSHIP

**YES!!!** I want to join/renew my membership with the Black Mental Health Alliance.  
Enclosed is my membership donation.

- Student: \$10.00 per year
- Senior: \$10.00 per year
- Individual: \$50.00 per year
- Professional: \$150.00 per year
- Agency: (1% of annual budget)
- Corporate: \$1000.00 per year
- Lifetime: \$1500.00

*Contributions:*

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> \$25.00  | <input type="checkbox"/> \$200.00     |
| <input type="checkbox"/> \$50.00  | <input type="checkbox"/> \$250.00     |
| <input type="checkbox"/> \$100.00 | <input type="checkbox"/> Other: _____ |

Name:

\_\_\_\_\_

Organization (If applicable):

\_\_\_\_\_

Address:

\_\_\_\_\_

City/State/Zipcode:

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

Email:

\_\_\_\_\_

**Please make check payable to:**

**Black Mental Health Alliance  
733 West 40<sup>th</sup> Street, Suite 10  
Baltimore, Maryland 21211**