



Membership Form

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ Today's Date: _____

E-mail: _____

Job / Profession: _____

New Member Renewal

Please make checks payable to MHA-A. Send to MHA-A, Room 206,
 The Professional Building, 101 W. Frederick Street, Staunton VA 24401

Yes!

I want to be a member.

_____ Individual	\$ 25
_____ Family	40
_____ Patron *	50
_____ Supporter *	100

Bell Honor Members

_____ Bronze Bell *	\$ 200
_____ Silver Bell *	300
_____ Gold Bell *	600
_____ Platinum Bell *	1000



** Includes MHA-A Membership Certificate*

What was your membership level last year - _____

New member? Who referred you? - _____

Mental Health America - Augusta is a chapter of the country's leading nonprofit dedicated to helping ALL people live mentally healthier lives. With more than 320 affiliates nationwide, we are a growing movement of Americans who promote mental wellness for the health and well-being of the nation – everyday and in times of crisis.

