



CANADIAN MENTAL HEALTH ASSOCIATION
Peterborough Branch

Membership Form

To continue to provide and expand our services, the Association needs a broad membership base from which to recruit expertise, volunteers, and/or funds. If you are not already a member, **please join us!**

- I wish to become a member of CMHA-Peterborough. My membership entitles me to vote at the Annual General Meeting
- I wish to renew my membership, thus encouraging the work of CMHA-Peterborough

Please check appropriate membership:

- Corporate \$40.00
- Non-Profit \$25.00
- Individual or Family \$20.00
- Student \$ 5.00
- Fixed Income \$ 1.00

Name: _____
 Organization: _____
 Address: _____
 City: _____
 Postal Code: _____
 Telephone: _____
 Email: _____

Amount: \$ _____

Payable to: **Canadian Mental Health Association**

Please forward to: Canadian Mental Health Association—Peterborough Branch
 466 George Street, North
 Peterborough, Ontario
 K9H 3R7



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Donation Form

- I wish to donate to CMHA-Peterborough's General Account to be used where it is most needed.
- I wish to donate to the _____ Program.

Amount: \$ _____

Name: _____
 Organization: _____
 Address: _____
 City: _____
 Postal Code: _____
 Telephone: _____
 Email: _____

Payable to: **Canadian Mental Health Association**

Please note: Donations of \$10.00 or more will receive a charitable donation receipt for tax purposes.

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