

# ACMH Membership Application

Name \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ County \_\_\_\_\_

Please join us in our efforts to guarantee support, prevention, and treatment services to children with mental health needs and their families. Your annual membership dues and donations are tax deductible and will be used for ACMH services, parent/youth scholarships and support.

## MEMBER TYPE

- Parent
- Student
- Individual
- Professional
- Organizational

## AMOUNT ENCLOSED

MEMBER DUES \$ \_\_\_\_\_

MEMBER DONATION \$ \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

Please complete and mail along with your payment to:  
ACMH, 100 W Washtenaw, Ste. 4, Lansing MI 48933

Would you like to be added to our Parent Listserv?

E-mail: \_\_\_\_\_



## ACMH MEMBERSHIPS

Parent	\$ 10.00
Student	\$ 10.00
Individual	\$ 35.00
Professional	\$ 50.00
Organizational	\$125.00

*Retain this portion for your records*

MEMBER DUES \$ \_\_\_\_\_

DONATION \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

DATE \_\_\_\_\_

Check/MO # \_\_\_\_\_

**Your contribution is tax deductible.  
ACMH is a nonprofit corporation  
under IRS section 501(c)(3)**

