

# 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.

<u>MEMBER TYPE</u>	<u>AMOUNT ENCLOSED</u>
<input type="checkbox"/> Parent	MEMBER DUES \$ _____
<input type="checkbox"/> Student	(indicate member type)
<input type="checkbox"/> Individual	MEMBER DONATION \$ _____
<input type="checkbox"/> Professional	
<input type="checkbox"/> Organizational	TOTAL ENCLOSED \$ _____

Please complete and mail along with your payment to:  
ACMH, 6017 W St Joe Hwy, Ste. 200 Lansing MI 48917

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 #	_____



***Thank You!***

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