

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)