

ACMH Membership Application

Name _____

Organization (if applicable) _____

Address _____

City _____ ST _____ ZIP _____

Phone _____ County _____

Please join us in our efforts on behalf of 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		
<input type="checkbox"/> Individual	MEMBER DONATION	\$ _____
<input type="checkbox"/> Professional		
<input type="checkbox"/> Organizational	TOTAL ENCLOSED	\$ _____

MEMBER NEWSLETTER

Electronic Newsletter via Parent Listserv
E-mail: _____

I do not have internet access and would like a printed newsletter sent to me

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



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)**

