



**Canadian Mental  
Health Association**  
Kamloops

## MEMBERSHIP FORM

**To apply/renew membership please complete the following:**

First name:

Last name:

ADDRESS:

EMAIL:

City and postal  
code:

Home:

Cell:

Annual membership fee:

\$5.00 individuals on limited income

\$20.00 Individual

\$50.00 Organizations and companies

Make cheque payable to:

Canadian Mental Health Association, Kamloops Branch (RE: Membership form)

857 Seymour St.

Kamloops, BC V2C 2H6

Phone number: 250 374 0440

Signature

Receive updates vis email?

Date: