Membership Form

Canadian Mental Health Association, PEI Division
Mental Health for All!

Contact Information (please print or type)

Name
Address
City, Prov, Postal
Phone 1 | Phone 2
Fax | Email

☐ Please add me to the e-newsletter distribution list

Membership Fee Enclosed:

☐ General Membership ($20.00)
☐ Fixed Income ($2.50)

Signature(s) | Date
Please make checks, corporate matches, or other gifts payable to:
Canadian Mental Health Association PEI

Canadian Mental Health Association, PEI Division
PO Box 785, 178 Fitzroy Street
Charlottetown, PE C1A 7L9