

# 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)

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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