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YES!

SIGN ME UP AS A MEMBER OF CMHA-SOS BRANCH

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a member I am entitled to: Yearly Membership Fee

Receive 4 issues of visions: BC’s Mental Health Journal Memberships Expires March 31

Vote at Annual General or Special <Meetings $20.00 Individual \_\_\_\_

Volunteer for committees and other projects $5.00 for those on limited income \_\_\_\_

Access Agency Educational Resources $100.00 Corporate \_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to make a donation of $\_\_\_\_\_\_\_\_. A charitable receipt will be issued.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return to: CMHA-SOS

102-1873 Main Street

Penticton BC V2A 5H2