



# NATIONAL FEDERATION OF FAMILIES

## For Children's Mental Health

### NEW MEMBER

\_\_\_\_\_ YES, I would like to become a member of the Federation of Families for Children's Mental Health, the Nation's Mental Health Advocate for Children, Youth, and Families.

Please check all that apply:

Concerned Citizen:    yes                       no

Consumer:                      yes                       no

Professional:                      yes                       no

Family member of a child with emotional, behavioral, or mental health needs:    yes                       no

\*MEMBERSHIP POLICY: If renewing an individual or family membership, please provide us with your home address. If renewing for an organization, please indicate to whose attention mailings (Legislative/Action Alerts, etc.) should be sent. Membership in your local FFCMH Chapter or State Organization does not automatically confer membership in the National Federation however please indicate any local National Federation of Families affiliations. Please provide us with the following information:

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

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Web site: \_\_\_\_\_

Local FFCMH affiliation (if any): \_\_\_\_\_

### MEMBERSHIP CATEGORY

Youth:                      \$10.00

Individual:                      \$20.00

Family:                      \$30.00

Partner Organization Budget Less Than \$500,000:

\$150.00

Budget More Than \$500,000:

\$250.00

**State or Chapter:** Please contact the National FFCMH office for an application on **becoming** an National Federation of Families State organization or a Chapter. The cost for becoming a chapter is a \$100.00 dollar annual fee.

In addition to my membership dues, I have also enclosed \$ \_\_\_\_\_, as a donation to help defray the cost of printing and postage.  
(Any amount is welcomed)

Please make checks or money orders payable and return to: FFCMH 9605 Medical Center Drive, Ste. 280, Rockville, MD 20850  
-or- charge my visa/master card/amex:

Account #

Expiration date:

Name as it appears on card:

Signature:

9605 Medical Center Drive, Suite 280  
Rockville, MD 20850  
Phone: (240) 403-1901 Fax: (240) 403-1909  
E-Mail: ffcmh@ffcmh.org                      www.ffcmh.org