



NATIONAL FEDERATION OF FAMILIES

For Children's Mental Health

MEMBERSHIP RENEWAL

_____ YES, I want to renew my membership with 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

Chapter Renewal: \$100.00

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 FFCMH 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 Dr., Ste. 280, Rockville, MD 20850
-or- charge my visa/master card/amex:

Account #

Expiration date:

Name as it appears on card:

Signature:

Federation of Families for Children's Mental Health
9605 Medical Center Drive, Suite 280 ♦ Rockville, MD 20850
240/ 403-1901 office ♦ 240/ 403-1909 fax
E-Mail: ffcmh@ffcmh.org ♦ Web: ffcmh@ffcmh.org

The National Family Voice for Children's Mental Health