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**Membership Application Form**

**Vision, Mission & Objectives**:

*Yukoners enjoy a positive state of mental health and we feel, think and act in ways that enhance our ability to embrace life and deal with the challenges we face.*

The Canadian Mental Health Association, Yukon Division (CMHA-YT) promotes the positive mental health of all Yukoners.

To realize our Vision and accomplish our Mission the CMHA-YT will:

* Provide community education, awareness, advocacy and support services;
* Eliminate the stigma toward people who are living with mental illness;
* Engage in partnerships and collaborative activities with other agencies and organizations concerned with mental health;
* Exemplify best practices of a responsible and effective charitable organization.

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

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

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

I am also interested in Volunteering for:

\_\_\_ Board or Executive Member

\_\_\_ Events

\_\_\_ Fundraising

\_\_\_ Membership Recruitment

\_\_\_ Communications

\_\_\_ Administrative support

\_\_\_Reach Out Support Line (ROSL) volunteer

**Membership Fees** *(revised March 2020))*

\_\_\_ Individual Annual – pay what you want. Suggested price of $20. Minimum price $5

\_\_\_ Organizational Annual $50

***I support the Vision, Mission and Objectives, and wish to be a Member of CMHA-YT:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

Signature

***415 Baxter St, Whitehorse, YT. Y1A 2T6 admin@yukon.cmha.ca***