

## AGENCY/ORGANIZATION APPLICATION

Organization Name \_\_\_\_\_

Chief Executive's Name \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

Type of Organization:  Non-profit  For Profit  Government

Web Site Address: \_\_\_\_\_

If not the Chief Executive, whom do you designate as the primary contact (someone with the authority to speak and vote) for your organization in the absence of the Chief Executive?

Name \_\_\_\_\_ Title \_\_\_\_\_

Address (If different from Organization's address): \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Membership Levels (Please check appropriate category based on your organization's annual budget.)  
All membership levels share the same benefits.

- Organization with operating budget of less than \$100,000 ..... \$300
- Organization with operating budget of \$100,000 to \$500,000 ..... \$600
- Organization with operating budget of \$500,001 to \$ 1 million ..... \$1,000
- Organization with operating budget of over \$ 1 million to \$10 million ..... \$3,500
- Organization with operating budget of over \$10 million ..... \$5,500
- Organization with operating budget of over \$20 million ..... \$10,000 to \$24,000
- Sponsor Level: Organization with operating budget of over \$100 million ..... \$25,000

Payment information: Annual payment of \$ \_\_\_\_\_

I prefer to pay in Semi-Annual \_\_\_\_\_ or \_\_\_\_\_ Quarterly installments of \$ \_\_\_\_\_

Payment of \$ \_\_\_\_\_ is enclosed.

**Send payment and application to Mental Health Connection, 3200 Sanguinet , Fort Worth, TX 76107**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## INDIVIDUAL MEMBER APPLICATION

Dues are \$30 annually

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

What do you hope to gain /contribute through membership?

I am a:  Consumer  Caregiver  MH Professional (credentials, if applicable) \_\_\_\_\_

Other \_\_\_\_\_

Annual Payment of \$\_\_\_\_\_ is enclosed with my application

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail your dues and membership application to:

Mental Health Connection,  
3200 Sanguinet, Fort Worth, TX 76107

### Benefits of Membership

All membership levels share the same benefits.

- Opportunities for networking
- Collaborative problem solving
- Access to collaborative funding opportunities
- Priority access to training and education
- Discounted pricing on training and education
- Being part of collective impact.