



MEMBERSHIP DUES

Thank you for becoming/being a member of the Mental Health Connection (MHC) of Tarrant County. We appreciate your support and look forward to a continued partnership for many years to come as we address the evolving mental health needs of our community!

ANNUAL MEMBERSHIP LEVELS: Membership dues are used to cover the operating expenses of MHC. This enables MHC to use 100% of grant and foundation awards to support member initiatives.

All members share the same benefits however, organizations have their agency name and website on MHC website. Professional Individuals will have THEIR name and website listed and community allies will have only their name listed.

- \$ 200 Professional Individuals—*single* mental health practitioner (*your individual information completed below*)
- \$ 30 Community Ally

Name _____ Date _____

Check if no changes since last year.

Address _____ City/State/Zip _____

Website URL _____ Office Phone _____

CEO/ED name _____ CEO/ED E-mail _____

Membership Contact _____ Email _____

Invoicing Contact _____ Email _____

Check one:

New Member Professional Individuals, please provide a short description of your services.

\$ _____ **Amount Enclosed**

Make check payable to **Mental Health Connection**.

Please send check and invoice to:

Mental Health Connection, 3136 W. 4th Street, Fort Worth, TX 76107

For Inquiries contact:

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