



The Mental Health Association
in Suffolk County, Inc.

Bridging the Way Toward Mental Wellness
www.mhasuffolk.org

199 N. Wellwood Avenue, Lindenhurst, NY 11757
Phone: 631-226-3900 Fax: 631-225-1708

MEMBERSHIP FORM

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Company/Organization (if applicable) _____



E-mail _____ Preferred Method of Contact? Yes No

Student/Fixed Income	\$20	Benefactor	\$150
Individual	\$35	Non-Profit Organization	\$500
Family	\$50	Corporate	\$750

Please contact our office at 631-226-3900 or visit our website at www.mhasuffolk.org to download forms for:

Mental Health Professional Membership - Our professional members are our first resource when looking for appropriate referrals for our information and referral line. Other benefits include professional listing on MHAS Online Community Resource Database and much more...

School Membership - benefits include in-classroom presentations on topics such as mental wellness, bullying & more...

I do not wish to become a member at this time, however please accept my tax-deductible donation for \$_____.

Please make checks payable to The Mental Health Association in Suffolk County, Inc.
If using a credit card, invoice may be faxed to 631-225-1708.

AMEX VISA MC DISCOVER

Account #: _____ / _____ / _____ / _____

Verification #: _____ Expiration Date: _____ / _____

(3 digit code on back of card – For AMEX 4 digit code on front)

Signature: _____



newyork.bbb.org

For Office Use Only:

DR: _____ CK DATE: _____

CK#: _____ MDB: _____ IDB: _____

TY: _____ SI: _____

The MHA does not share the names of its members with any other organization.