



The Mental Health Association
in Suffolk County, Inc.

Bridging the Way Toward Mental Wellness

199 N. Wellwood Avenue, Lindenhurst, NY 11757

www.mhasuffolk.org

Phone: 631-226-3900

Fax: 631-225-1708

SCHOOL MEMBERSHIP FORM

School Name _____

Contact Person _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Annual School Membership Fee \$750.

Includes 6 presentations for the school listed above (plus 3 FREE presentations) for the Fall - Spring school year. Additional presentations available at a reduced rate.

please note that there is a limit of 40 students per presentation

Additional member benefits include:

- Advance notice to all special events and conferences
- Our quarterly newsletter, "The Voice"
- Early bird discounts for our children's mental health conferences

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

AMEX VISA MC DISCOVER CHECK ENCLOSED

Account #: _____ / _____ / _____

Verification #: _____
(3 digit code on back of card – For AMEX 4 digit code on front)

Expiration Date: _____ / _____

Signature: _____

I would like a receipt mailed to the above contact information.



newyork.bbb.org

For Office Use Only:

DR: _____ CK DATE: _____

CK#: _____ MDB: _____ IDB: _____

TY Sent: _____ SI: _____

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