



# The Mental Health Association in Suffolk County, Inc.

*Bridging The Way Toward Mental Wellness*

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

## MEMBERSHIP FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Company/Organization Contact, if applicable \_\_\_\_\_

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

Please make checks payable to The Mental Health Association in Suffolk County, Inc.

If using a credit card, application may be faxed to 631-225-1708.

AMEX                      VISA                      MC                      DISCOVER

Account # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

For office use only:

CK# \_\_\_\_\_

DR \_\_\_\_\_ RM \_\_\_\_\_

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