

MEMBERSHIP APPLICATION

If you and/or your organization are not yet a member of the World Federation for Mental Health, why not join now and become a part of the worldwide mental health movement to help improve the mental and emotional well-being of people around the world!

TYPES OF MEMBERSHIP

- Individual membership, for any individual who would like to join WFMH.
- Affiliate membership, for organizations that would like to be affiliated with WFMH.
- Voting membership, for national or international organizations that would like to help with the matters related to WFMH, both internally and externally. Applications are available upon request.

MEMBERSHIP BENEFITS

- Opportunities for networking and collaboration with colleagues in other parts of the world with common interests and concerns
- Quarterly newsletters - bringing you timely information on global mental health issues
- Annual reports of WFMH's activities
- Reduced rates at WFMH events including regional seminars and conferences as well as the Biennial World Congresses

MEMBERSHIP FEES

Individual membership

| | |
|--|-------|
| Regular member (developed countries) | \$35 |
| Developing country member (designated by OECD) | \$15 |
| Lifetime member | \$500 |

Affiliate membership

| | |
|--------------------------------------|-------|
| Libraries | \$35 |
| Annual budget below \$100,000 | \$50 |
| Annual budget of \$100,000-\$999,999 | \$150 |
| Annual budget of over \$1 million | \$300 |

Application on other side

Please circle the type of membership you are applying for:

Individual membership

Regular \$35
Developing country \$15
Life \$500

Affiliate membership

Library \$35
Budget below \$100,000 \$50
Budget of \$100,000 - \$999,999 \$150
Budget over \$1 million \$300

Please provide the following information:

Organization name *(only if applying as an affiliate member)* _____

Main contact person _____

Title _____

Address _____

Telephone _____ Fax _____

E-mail _____

Payment:

Please charge my Visa or MasterCard *(circle one)*

Credit Card number _____

Expiration date _____

Name on card _____

Signature _____

Check, bank draft or money order enclosed

Please return this form along with your payment (in U.S. Dollars) to:

WORLD FEDERATION FOR MENTAL HEALTH
P.O. Box 16810
Alexandria, VA 22302-0810
USA