



WORLD FEDERATION FOR MENTAL HEALTH VOTING MEMBER ORGANIZATION APPLICATION

New___ Renewal___

Please submit to:
World Federation for Mental Health
PO BOX 807, Occoquan, VA 22125 USA
Email: info@wfmh.com or Fax: 703.490.6926

Please type or print

Organization: _____

Address: _____

Please provide updated information

Contact Person: _____

Telephone: _____ Fax: _____

E-Mail: _____ Website: _____

Amount Enclosed for Dues: US\$ _____

Method of Payment:

Check enclosed (Payable to: WFMH) Credit Card: (Visa/MasterCard/AMEX/Discover)

Card Number: _____ Exp. Date: _____

Name as it appears on the card: _____

Authorized Signature: _____ Date: _____

Please contact us for information for payment by a direct fund transfer

Voting Member Organization Dues Levels: *(Check and submit appropriate dues)*

<input type="checkbox"/> Annual Budget less than \$100,000 - \$ 50	<input type="checkbox"/> Annual Budget \$100,000 - \$499,999 - \$125
<input type="checkbox"/> Annual Budget \$500,000 - \$999,000 - \$200	<input type="checkbox"/> Annual Budget \$1 million - \$2 million - \$300
<input type="checkbox"/> Annual Budget over \$2 million \$500	<input type="checkbox"/> Organizations in OECD countries - \$ 50

PLEASE ATTACH YOUR MOST RECENT ANNUAL REPORT OR DESCRIPTION OF ACTIVITIES FOR THE PAST YEAR (Required for acceptance – Please note if this information is available on your organization's website). _____ AVAILABLE ON OUR WEBSITE (In English)