

**YES,** I want to support the Mental Health Association of Great Falls.

Please accept my membership contribution.

Name:	
Address:	
City:	
State:	
Zip: Code	
Phone:	
E-mail:	

I am a new Member      Renewal

Please Check membership level:

Consumer/ Student	\$15.00/Year
General	\$25.00/Year
Professional	\$45.00/Year
Organizational	\$100.00
Pacesetter	\$500.00 or more

Please mail to:

MHAGF  
P.O. Box 2774  
Great Falls, MT 59403