MENTAL HEALTH RIGHTS COALITION

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Our Mission is to encourage, enable, and empower the voice and participation of consumer/survivors in the mental health system

Membership Sign Up/Renewal Form
You are Welcome to Join!

Membership is free.
Becoming a consumer member of the Mental Health Rights Coalition entitles you to:

- ✓ Access our Peer Support Program
- ✓ Vote at all General Meetings
- ✓ Receive the Rights Stuff Newsletter by mail or email
- ✓ Participate in drop-in programs
- ✓ Access our Resource Centre
- ✓ Sign up for Bus Trips
- ✓ Attend information forums
- ✓ Join internal committees
- ✓ Apply for the Board of Directors

We only require your name and address and we keep it strictly confidential. We do not ask your diagnosis or any medical information.
What you say in Peer Support stays in Peer Support.

Please fill out the information and mail to the address on the letterhead. **The fields with the star (*) are optional.**

TODAY'S DATE: _____

I am a new member (please circle one): Yes No

I am a Consumer/Survivor (please circle one): Yes No

I live, work, or receive services within Hamilton, Niagara, Haldimand or Brant (LHIN4): (please circle one): Yes No

Name: _____

Address: _____

City: _____ **Postal Code:** _____

***Phone:** _____ ***Email:** _____

- **Please Circle one of the following:** Male Female Other
- **How would you like to receive your newsletter? (circle one)** Mail Email

***Date of Birth:** _____

***Special Interests:** _____