



2006 Membership

BECOME A MEMBER -- RENEW YOUR MEMBERSHIP TODAY!

The National Coalition of Mental Health Professionals & Consumers Inc.
<http://www.TheNationalCoalition.org>

AN ADVOCACY AND EDUCATION ORGANIZATION WORKING TO

- Promote a mentally and emotionally healthy nation.
- De-stigmatize the treatment of mental and emotional distress.
- Inform America about the need for adequate mental health and substance abuse services.

Dedicated to the creation of high quality accessible systems that provide mental health services based in privacy, consumer choice and professional responsibility.

As a Coalition Member

You receive the Coalition Report Newsletter & Coalition E-lets will come to your e-mail address

You can join our national list-serve and receive current legal, legislative and media alerts.

You support privacy, access and quality mental health services. Your active involvement is encouraged.

YES! I want to be a 2006 member of the National Coalition of Mental Health Professionals and Consumers, Inc.

Date: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Fax: _____

Work Ph: _____ Home Ph: _____

E-mail: _____ Put me on the Coalition List Serve: ___ Yes ___ No

Dues payments may be deductible as a business expense. Please check with your tax professional.

Make checks payable to **NCMHPC, Inc.** and mail with this form to:

NCMHPC, Inc.
P.O. Box 438
Commack, New York, 11725-0438

We Accept Visa, MasterCard & American Express

Type of Card: ___ Visa ___ Master Card ___ Amex Name on Card _____

Card # _____ Expiration Date _____ Amount to Charge: \$ _____

I support the HIPAA Privacy Lawsuit. I want to restore my right (**every American's right!**) to deny consent for re-disclosure of personal medical information.

My contribution includes \$ _____ for HIPAA Lawsuit support.

MEMBERSHIP LEVELS:

_____ \$10,000+ Angel

_____ \$5001 - 10,000 Super Hero

_____ \$2501 - 5,000 Hero

_____ \$1001 - 2,500 Champion

_____ \$501 - 1000 Leader

_____ \$251 - 500 Reformer

_____ \$176 - 250 Challenger

_____ \$100 - 175 Advocate - *Suggested Professional Dues*

_____ \$35 - 99 Supporter

_____ \$1 - \$34 Student or Hardship

Please mark all that apply:

___ I am a Consumer or Student

___ I am a Mental Health Professional

___ I am an Elected Official

___ I am Clergy

Discipline: _____

Degree: _____

Thank You!

National Coalition of Mental Health Professionals and Consumers, Inc.