

MEMBER APPLICATION

WHO IS THE COALITION?

The Illinois Coalition on Mental Health & Aging is comprised of 20 community-based member agencies and organizations and over 50 individual members across the state of Illinois. The Coalition is governed by a Board of Directors including consumers, advocates, and professionals.

WHAT ARE THE BENEFITS OF MEMBERSHIP?

- · Legislative updates and advocacy alerts on the national scene and at the state level
- · Notices of continuing education and training for consumers and professionals
- · Contact and collaboration with consumers, advocates, and professionals

SELECT A MEMBE	RSHIP	PTYPE:
○ Consumer/Student○ Professional○ Organization○ State Agency○ Sponsor	\$15 \$35 \$50 \$200 \$500	For consumers and students interested in our mission For professionals and consultants who serve older adults For up to three professionals in one company or organization For state agencies that relate to mental health and aging For organizations that would like to contribute at a higher level
Primary Member Name:		
Organization:		Title:
Street Address:		
City:		State: Zip Code:
Email (required):		Phone:
Website Address:		
For Organization Member	ership:	
2nd Member Name:	-	Title:
Email (required):		Phone:
3rd Member Name:		Title:
Email (required):		Phone:
OMy check is enclosed payable to IL Coalition on Mental Health & Aging OPlease charge my (circle one): VISA MASTERCARD DISCOVER Cardholder Name:		
Card Number:		
Security Code:		Expiration Date: Total: \$
Billing Address:		
Cardholder Signature:		

Mail application and check payment to:

Illinois Coalition on Mental Health & Aging | c/o Senior Services Associates 101 South Grove Avenue, Elgin, IL 60120

Fax application and credit card payment to: 847.741.2163

Questions? Call 847.741.0404