



America's older adults are facing a mental health crisis and commonly struggle in silence.



25 to 30% of older adults have anxiety and depressive disorders and fewer than 50% of older adults with mental and/or substance abuse disorders receive treatment. Urgent action is needed to address these issues.

Since 1996, the Illinois Coalition on Mental Health and Aging (ICMHA) is the go-to community for engaging experts across Illinois who care about the intersection of mental health and aging. Whether you are a professional, peer counselor, consumer, student or researcher, join us in our work to advocate for the very best mental health services for older adults, and the training and resources needed to accomplish this goal.

Visit icmha.org to learn more and become a member today!

ICMHA Membership includes:

- Bi-monthly Zoom meetings to connect members' efforts, concerns and resources across Illinois
- Email and website with curated content to keep you at the forefront of mental health and aging topics
- Opportunities to develop and participate in educational events
- Volunteer leadership roles to make a difference via ICMHA's work
- Connections with others who value our mission
- Opportunities to advance programs and services for older adults and caregivers with behavioral health challenges to live longer, healthier lives



ICMHA is a member of the National Coalition on Mental Health and Aging. Data from the National Council on Aging, 2020.



Join us to improve mental health care for older adults and their caregivers through educating the workforce, increasing federal and state funding and expanding Medicare coverage.

Questions about joining? Email us at info@icmha.org.

1) Choose how to submit your membership application:

Complete online at www.icmha.org/join or scan the QR code.

Mail this application with a check payable to: IL Coalition on Mental Health & Aging:

Illinois Coalition on Mental Health & Aging

c/o Senior Services Associates
101 South Grove Avenue
Elgin, IL 60120

Or Fax application to ICMHA c/o Senior Services Associates at 847-741-2163

If payment by credit card is preferred provide the name of the contact person _____ and phone number _____ so the Coalition can contact you for your credit card information.

2) Select a membership type:

- | | | |
|---|--------|---|
| ☐ Consumer/Student | \$ 15 | For consumers and students. |
| ☐ Individual | \$ 50 | For professionals & individuals. |
| ☐ Organization | \$ 100 | For up to three individuals in one organization. |
| ☐ State Agency | \$ 200 | For state agencies that relate to mental health & aging. |
| ☐ Sponsor | \$ 500 | For members who would like to contribute at a higher level. |

All contributions to the Illinois Coalition on Mental Health and Aging are tax deductible as allowed by law.

☐ Addl donation/gift \$_____ For those who want to make an additional contribution.

3) Complete your contact information.

Please check information you approve to be shared publicly on our website.

Primary Member Name: _____
Organization: _____
Title: _____
Street Address: _____
City: State: Zip Code: _____
Email (required): _____
Phone: _____
Website Address: _____

2nd Member Name: _____
Title: _____
Email (required): _____
Phone: _____

3rd Member Name: _____
Title: _____
Email (required): _____
Phone: _____

Welcome! Once we process your application, you will receive an email confirming your membership.