

#### 103-100 Main St E, Hamilton, ON L8N 3W4 Phone 905-545-2525 / Fax 905-545-0211 Email: mhrcprograms@bellnet.ca Web:www.mentalhealthrights.ca

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

health	system
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<u>Membership Sigr</u>	<u>n-up/ Renew</u>	<u>al Form</u>	
Staff Or Volunteers Ar	e To Fill In Informat	ion Only.	
TODAY'S DATE:Bir	thday:(MONTH/DD).		
Name:	Gender		
Complete Address:		unit or apt #	
City:	Postal Code		
Phone:C	ell Phone		
Email:			
1. I am a consumer survivor of mental health and/or addictions	Yes	No	
2. I live, work or receive services within Hamilton, Niagara, Haldimand Norfolk or Brant	Yes	No	
3. I would like to receive your newsletter by email	Yes	No	
4. I consent that you may contact me by the following	By phone	By email	
5. I consent that MHRC may contact me to renew my membership annually or to inform me of social events	By phone	By email	Will come in
6. I consent that MHRC may contact me to provide information/support in the event of a public crisis (blackout) or public health concern (pandemic).	Yes	No	
8. Have you filled out an OCAN form?	Yes	No	
9. Do you speak French or any other language?	Yes	No	If other, specify below

## **Membership Type**

New Member\_\_\_ Renewal \_\_\_

Member Signature \_\_\_\_\_

#### For your safety:

MHRC does not collect any medical information including any psychiatric diagnosis. If you have a EMERGENCY medical condition which we should know about for your safety please note it on this form.



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

## Membership is free.

You are Welcome to Join!

Becoming a consumer member of the Mental Health Rights Coalition entitles you to:

 $\star$ Access our Peer Support program  $\star$  Vote at all General Meetings  $\star$ Receive the Rights Stuff by mail  $\star$  Participate in drop-in programs \* Access our Resource Centre \* Sign up for Bus Trips \* Attend information forums \* Join internal committees  $\bigstar$  Apply for the Board of Directors

Non-consumer members are considered associate members. They will be non voting members and will not be eligible for all the rights of membership.

#### Memberships are due for renewal in April of each year / All member information is held in strict confidence.

Date of renewal	Staff initial	Data base entry date	Staff initial

Date entered into data base\_\_\_\_

Entered by\_\_\_\_\_

# **Emergency Contact Information:**

In event of emergency who should we contact?

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone number: