



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

Staff Or Volunteers Are To Fill In Information Only.

TODAY'S DATE: _____ Birthday:(MONTH/DD)_____

Name: _____ Gender _____

Complete Address: _____ unit or apt # _____

City: _____ Postal Code _____

Phone: _____ Cell 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.
