www.mhacc-usa.org

Membership Registration Form

會員登记表

Date (填表日期): __________

Name (姓名): _______________ First _______________ Last (English) _______________ (中文)

Email (電郵): ___________________________________________________________________

Phone (電話): _______________ Cell (手機) _______________ Home (住宅) _______________

Address (地址): ___________________________________________________________________

One Year Membership USD $5.00 □

Life Time Membership USD $50.00 □

Method of Payment 付款方式: □ Visa □ Master Card □ American Express □ Discover □ Cash
□ On-line PayPal*

Check Amount 金額 $: _______________ Credit or Debit Card 卡號 #: _______________

CVN 安全碼: _______________ Expiration 有效期至: ________月 Month/ ________年 Year

Name as it appears on card 持卡人姓名: ___________________________________________________________________

Cardholder’s Signature 簽字: ___________________________________________________________________

*On-line payment option with secured PayPal service: www.mhacc-usa.org Membership 會員.
click “Add to Cart” button at the bottom.

MHACC is non-political non-partisan non-profit 501(c) (3) organization · Tax ID No. 82-4322450
Phone: (800) 881-8502 Email: info@mhacc-usa.org, Website: www.mhacc-usa.org

Please mail checks payable to MHACC and attached the Membership Registration Form to
3160 Castro Valley Blvd., Ste 210, P.O. Box #15 Castro Valley CA 94546

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MHACC helps people living with mental illness and their families by providing support, education and advocacy; reducing stigma and discrimination in the community; and improving services through working with mental health professionals and community partners. Thank you.