



Mental Health Association of Nebraska

1645 'N' Street, Suite A, Nebraska 68508 • 402-441-4371 • 888-902-2822 (Toll Free)

Membership Application

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

E-Mail: _____

MHA-NE Chapter: _____



Consumer	\$3.00*
Friend / Family Member	\$10.00
Professional	\$30.00
Organization	\$75.00

* \$1.00 of consumer membership fee is given to the MHA-NE Chapter of your choice.



In addition, I would also like to help Nebraska Adults with mental illness. Enclosed is my tax deductible gift of:

\$25.00 \$50.00 \$100.00 \$ _____

Please make your check payable to The Mental Health Association of Nebraska and mail to:

1645 'N' Street, Suite A
Lincoln, NE 68508

A Consumer Run Organization Since 1999