



KENTUCKY MENTAL HEALTH COALITION

2016 DUES NOTICE

Please return this form with your contact info and dues payment to:

AAN / KMHC
120 Sears Avenue, Suite 212
Louisville, Kentucky 40207

Tax ID: 26-1332639

Name of Organization: _____

Select your organization's membership type:

ADVOCACY

- Statewide advocacy group – Voting Membership Dues (\$235.00)
- Local advocacy group – Voting Membership Dues (\$155.00)
- Local family or consumer group – Voting Membership Dues (\$45.00)

SERVICE DELIVERY AGENCY

- Regional provider – Voting Membership Dues (\$725.00)
- Hospital or hospital unit – Voting membership Dues (\$725.00)
- Statewide service agency – Voting Membership Dues (\$375.00)
- Local service agency – Voting Membership Dues (\$235.00)

PROFESSIONAL ORGANIZATION

- State-wide organizations of professionals and providers of human services - Voting Membership Dues (\$375.00)

Each member organization may list two (2) persons to receive all mailings of the Coalition. All KMHC mailings will be sent to the designated voting representative (primary contact) as well as to the secondary contact.

Primary contact:

Name: _____

Address: _____

Work Phone: _____ Cell: _____ Fax: _____

*Email: _____

Secondary Contact:

Name: _____

Address: _____

Work Phone: _____ Cell: _____ Fax: _____

*Email: _____

*Note that most of our correspondence is conducted via e-mail –please indicate if postal service is preferred.

If others in your organization would like to be on the Coalition mailing list, they may do so by joining as individuals (\$25.00/yr). Please have them contact the office for further information: 502-894-0222 or kyadvocacy@gmail.com. Thank you!