



MDA MEMBERSHIP

Your membership can make all the difference.

How does it help?

Anyone can become a member. You can add your voice to ours -- \$15 for consumers or \$25 for supporters per year.

The Mood Disorders Association of British Columbia is a non-profit organization whose mandate is to provide support and education for people living with a mood disorder, their families, friends and colleagues. You can become a member and help to build an understanding community for people living with a mood disorder. You can play an important role in making sure that the voices of people with mood disorders are heard.

Why become a member of MDA?

1. To join an Association that understands mental illness
2. You are not alone – MDA is a place to share with others your frustrations and concerns
3. To be counted – add to a larger voice for advocacy of services, education, awareness and research
4. Invitations to special events and education evenings
5. To be informed
 - receive MDA's newsletter
 - have access to literature, videos and other educational material
 - learn how the mental health system works
6. By being informed you...
 - can share knowledge with others
 - can help dispel the myths surrounding mental illness and decrease the stigma associated with it
 - will know the latest in research, medication, treatment, and services available
 - know how to best utilize and support the mental health system



Membership Form

Mail your membership/donation to:
MOOD DISORDERS ASSOCIATION OF BC
 202 – 2250 Commercial Dr.,
 Vancouver, BC V6A 1G5
 Tel: 604- 873-0103 Fax: 604- 873-3095
 Business Number: 89930 7854 RR0001

YES! I would like to become a member of the Mood Disorders Association of BC (MDA).

Length of Membership: 1 year (Jan-Dec) New Renewal

Membership Type: Consumer \$15 Supporter \$25

YES! I would like to make a donation to the Mood Disorders Association of BC (MDA)

Donation Gift Amount: \$250 \$100 \$75 \$50 \$25 Other \$ _____

I Would Like to Become a Monthly Donor: \$10 \$20 \$35 \$50 \$100 Other \$ _____

Payment Type: Cheque VISA MasterCard Amex

Card No.: _____ Name on Card: _____

Expiry Date: _____ Signature: _____

Mr. Ms. Mrs. Dr.

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Bus: _____ Email: _____

You may publicize my name as a supporter of Mood Disorders Assoc. of BC - MDA. Yes No

We do not collect, use or disclose your personal information unless you have provided your consent. Information will be used for the purpose of processing and receipting your membership, recognizing your donation/membership, or responding to your request for information.

Thank you for your valued support!