

MENTAL HEALTH AMERICA  
OF  
GREATER AUGUSTA, INC.

**MEMBERSHIP APPLICATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Make tax deductible check payable to : MHA, Augusta, Inc.**

- |                     |                             |
|---------------------|-----------------------------|
| ✓ <b>Student</b>    | <b>\$5.00</b>               |
| ✓ <b>Individual</b> | <b>\$15.00</b>              |
| ✓ <b>Family</b>     | <b>\$25.00</b>              |
| ✓ <b>Group</b>      | <b>\$50.00</b>              |
| ✓ <b>Sponsor</b>    | <b>\$100.00 - \$499.99</b>  |
| ✓ <b>Angel</b>      | <b>\$500.00 - \$1000.00</b> |