



Membership Sign Up/Renewal Form

Staff Or Volunteers Are To Fill In Information Only.

TODAY'S DATE: _____ Birthday: (MONTH/DD) _____

Name: _____

Complete Address: _____ unit or apt # _____

City: _____ Postal Code _____

Phone: _____ Cell Phone _____

Email: _____

Please circle one answer for each of the following questions:

1. I am a Consumer/Survivor of the mental health and/or addictions	Yes	No	
2. I live, work, or receive services within Hamilton, Niagara, Haldimand Norfolk) or Brant – LHIN4.	Yes	No	
3. Gender (please print)			
4. I would like to receive your newsletter by email	Yes	No	
5. I consent that you may contact me by the following (check as many as apply)	Phone	Email	
6. I consent that MHRC may contact me to renew my membership annually or to inform me about special events	By phone	By email	Will come in
7. I consent that MHRC may contact me to provide information and/or support in the event of natural disaster (severe weather), public crisis (black out) or public health concern (pandemic).	Yes	No	
<i>Answer only if you do not live in supportive housing</i> 8. In the event of a crisis would you need emergency supplies	Yes	No	n/a
9. Have you filled out an OCAN form? Would you be interested in filling out an OCAN form? (please ask for information about OCAN)	Yes Yes	No No	Already have

Membership Type

New Member ☐

Renewal ____

Member Signature _____

For your safety:

MHRC does not collect any medical information including any psychiatric diagnosis. If you have a **EMERGENCY** medical condition which we should know about for your safety please note it on this form.

Membership is free. You are Welcome to Join!

Becoming a consumer member of the Mental Health Rights Coalition entitles you to:

- | | |
|------------------------------------|-----------------------------------|
| ✓ Access our Peer Support program | ✓ Participate in drop-in programs |
| ✓ Vote at all General Meetings | ✓ Access our Resource Centre |
| ✓ Receive the Rights Stuff by mail | ✓ Sign up for Bus Trips |

MENTAL HEALTH RIGHTS COALITION

20 Emerald St S Hamilton, ON. L8N 2V2 Phone 905-545-2525 / Fax 905-545-0211

Email mentalhealthrights@bellnet.ca Web: www.mentalhealthrights.ca

*Our Mission is to encourage, enable, and
empower the voice and participation of
consumer/survivors in the mental health system*

- ✓ Attend information forums
- ✓ Join internal committees

- ✓ Apply for the Board of Directors

Non-consumer members are considered associate members. They will be non voting members and will not be eligible for all the rights of membership.

Memberships are due for renewal in April of each year / All member information is held in strict confidence.

Date of renewal	Staff initial	Data Base entry date	Staff initial

Date entered into data base_____

Entered by_____