

# KANSAS MENTAL HEALTH COALITION

.....*Speaking with one voice to meet the critical needs of people with mental illness*

## 2017 Membership Application and Dues Agreement

The mission of the KANSAS MENTAL HEALTH COALITION, INC. is to convene disparate individuals and groups of mental health consumers, their parents and family members and advocates, professionals and agencies who provide mental health services, to develop, support and sustain a shared agenda for educating and informing Coalition members and the public, including policy makers, about a mental health system of care that is responsive to the needs and concerns of consumers and families in Kansas.

Membership is open to any business, not-for-profit agency, organization or individual who has an interest in the mental health care system in Kansas, by application and payment of membership dues.

Members of the Kansas Mental Health Coalition are expected to share their time, insight and perspective in the furtherance of the mission and activities of the Coalition, including meeting attendance, development of the annual policy platform, assistance with and/or provision of testimony on legislation and policy issues, attendance and participation in Mental Health Advocacy Day and its planning, and involvement in development and implementation of trainings and other activities and events sponsored by the Coalition.

Members in good standing receive the rights of voting, board service, listing on roster and public materials, and contribution of issues to the annual policy platform. Each member, whether corporate, organization, or individual shall have one vote.

### MEMBERSHIP APPLICATION

(Mark desired membership category below)

Member Name: \_\_\_\_\_  
(Corporation, Organization or Individual.)

Representative: \_\_\_\_\_  
(Designated individual to be primary contact if Corporate or Organizational Member)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Most member communication is by e-mail.)

Additional Contact: \_\_\_\_\_  
(Corporate or Organizational Members may include an additional contact to receive communications.)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Most member communication is by e-mail.)

## MEMBERSHIP CATEGORY

- \$5,000 Corporate Gold *Includes recognition as full sponsor of events for consumers and family members including Mental Health Advocacy Day*
- \$1,000 Corporate Silver
- \$ 900 Non-Profit Organization *(Annual budget over \$10 million)*
- \$ 700 Non-Profit Organization *(Annual budget \$5 million to \$10 million)*
- \$ 550 Non-Profit Organization *(Annual budget \$500,000 - \$5 million)*
- \$ 275 Non-Profit Organization *(Annual budget under \$500,000)*
- \$ 125 Licensed Professional
- \$ 40 Individual Member
- \$ 0 Complimentary Membership *(individuals with income limitations)*

\_\_\_\_\_ I/we agree to pay the dues amount checked above by March 31 of each year of membership.

\_\_\_\_\_ I/we are unable to pay dues according to this schedule and timetable and request the Board consider the following payment plan or deferral of dues requested below:

---

(Note: Dues deferrals and payment plans can only be authorized by the Board of Directors, and are not considered accepted until approved by the Board and the member/representative notified)

Request for payment plan or deferral of dues reviewed by Board on ___/___/___ ___ Approved ___ Denied ___ Amended _____
--

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

By affixing my signature, I attest that the individuals and/or organization listed above supports the mission of the Kansas Mental Health Coalition, and will strive to advance its mission, activities and agendas through active participation and involvement, as well as support through annual dues payment.

*Dues paid to the Coalition are not tax deductible as charitable contributions. KMHC is a 501(c) 4 organization. Certain members may be eligible to deduct dues as a partial business expense – consult with your tax advisor.*

Kansas Mental Health Coalition  
Andy Brown, Treasurer

Send payment to: KMHC  
P.O. Box 4744  
Topeka, KS 66604