

New York Coalition for Asian American Mental Health • 39 Bowery • PMB 133 • New York • NY • 10002 •

• www.asianmentalhealth.org • Email: nycaamh@yahoo.com • Tel: (646)801-9380 •

MEMBERSHIP APPLICATION - □New □Renewal

Membership Type: □Student (\$20.00) □Individual (\$35.00) □Organization (\$150.00) □Sponsor (\$300.00)		
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Make check payable to: New York Coalition for Asian American Mental Health - Check No:		
□ Personal Membership Information:		
Last Name:	First Name:	
Title: □Mr. □Ms. □Dr. Professional Discipline/Credentials:		
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Telephone:	Email:	
Affiliation (Optional):	on (Optional):Title:	
☐ Organization or Sponsor Member	ship Information:	
Name of Organization or Sponsor:		
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City:	State:	Zip:
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Donations: If you or your organization are interested in making a donation to support the activities of the New York Coalition for Asian American Mental Health. Please forward to our address above.		
Donation Amount:		
CONFIDENTIALITY : The Coalition does not share our membership information with any individual or any organization for any commercial or solicitation purposes. However, at the discretion of the Coalition, our membership/mailing list may be shared with academic institutions, social service agencies, professional organizations or other not-for-profit organizations solely for the purpose of disseminating notices of special events, meetings, conferences or information which may be of special interest to Coalition members. Please indicate your choice below:		
☐ I grant the Coalition permission to share my mailing/contact information at its discretion as indicated above. ☐ My mailing/contact information shall be restricted to Coalition activities only.		
Signature:		Date:
Note: The membership year is the calendar year. Any individual or agency that pays their membership dues beginning on October 1 st of each year will be considered a member in good standing for the period that		

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Your contribution is tax-deductible to the extent permitted by law.

extends to December 31st of the following calendar year.