



Mission:

Lead the collaboration of community stakeholders to create and continuously improve
an exceptional mental health system of care

Vision:

A community that is mentally well and stigma-free

2017 Membership Application

Sponsor and Organizational Membership: (Membership levels are listed on back page)

Organization name: _____

Type of organization: _____ Non-profit organization _____ For-profit organization _____ Other

Primary Organizational Contact (this person will be designated as the person authorized to vote on behalf of the organization):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Direct Phone: _____

E-Mail: _____

Individual membership:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email : _____

Does your employer offer a Volunteer or Donation Match program? ___ Yes ___ No

For all:

Please describe your interest in the N.E.W. Mental Health Connection: _____

Please describe any talents and/or in-kind donation you would be willing to share with the N.E.W. Mental Health Connection:

(examples: Marketing, HR, Financial, Grant Writing, Administrative, IT, Event Planning, Public Speaking, Outcomes/Evaluation, Data Analysis, Group Facilitation, Social Media, Initiative Leadership, Nonprofit Board experience, etc.)

Please check appropriate category	Criteria	Annual Dues (January 1- December 31)
	Sponsors	
	Corporate Champion	\$15,000
	Provider Organizations	
	Organization with operating budget of under \$50,000	\$100
	Organization with operating budget of \$50,000 to \$100,000	\$300
	Organization with operating budget of \$100,000 to \$500,000	\$500
	Organization with operating budget of \$500,001 to \$1 million	\$1000
	Organization with operating budget of \$1 million to \$5 million	\$2000
	Organization with operating budget of \$5 million to \$10 million	\$3500
	Community Partners	
	Community Resource Agencies (shelters, advocacy, info/referrals)	\$100
	Municipalities	
	County, City, Town	\$300
	School Districts	
	Tier 1 (10,000 + students)	\$1500
	Tier 2 (3000-9,999 students)	\$500
	Tier 3 (1000-2999 students)	\$250
	Tier 4 (under 1000 students)	\$100
	Individual	
	Individual member (including families, consumers, community members)	\$50

Please Note: Non Profits and Higher Education members can calculate the fee from either the entity's total budget, or the entity's mental health budget

If Membership Fees are a barrier: Please contact Beth Clay, Executive Director, at (920) 720-3770 regarding scholarships.

Please make checks payable to **N.E.W. Mental Health Connection.**

___ Annual payment of \$ _____ is enclosed

Signature: _____ Date: _____

Please mail this completed form with payment to:

**Beth Clay, Executive Director
NEW Mental Health Connection
P.O. Box 374
Appleton, WI 54912**

Need to contact us? (920) 720-3770
beth@newmentalhealthconnection.org

**I / We want to engage!
Please connect me/my agency:**

Impact Areas:

- Prevention**
(Zero Suicide, Screening)
- Education**
(Stigma Busting, Mental Health Literacy, Gate Keeper Training)
- Access / No Wrong Door**
(Service navigation, Special Populations)
- Workforce**
(Training, Service gaps, Recruitment)
- Advocacy**
(Legislation, Insurance, Policy)

Committees:

- Membership Committee
- Grants Committee
- Outcomes/Measurement Committee

Learning Circles:

- Business of Mental Health
(Operations issues of MH providing agencies)