Georgia Mental Health Consumer Network

Serving Georgia's Behavioral Health Community Since 1991

246 Sycamore Street, Suite 260, Decatur, GA 30030

www.gmhcn.org
404-687-9487

Membership Form

Name: _____
First Name Last Name

Address: _____
Street Apt./Unit #

_____
City State Zip

Telephone: ( ) -

Email: _____

Communication Preferences:

- ☐ Please add me to GMHCN's email news list
- ☐ Please do not add me to GMHCN's email news list
- ☐ Please mail The Pipeline quarterly newsletter to the address above
- ☐ Please do not mail The Pipeline to me

Kindly mail this form to GMHCN to the address at the top of this page along with:

- ☐ $5 per year for peer membership
- ☐ Scholarship for peer membership
- ☐ $20 or more suggested donation for supporter and ally membership