



THE ACTION COUNCIL

FOR CROSS CULTURAL MENTAL HEALTH AND HUMAN SERVICES

Membership Application

Please complete the following membership form, and mail it along with membership dues to:
Membership Chairperson, ACCMHS, P.O.Box 1695, Columbia S.C. 29202.

Date _____ Membership Expires _____

Name _____

Street _____

City _____ State _____ Zip _____

Tel. _____ Fax _____

Email _____

Company _____

All dues and contributions are tax deductible.

Professional Disciplines:

Professional Organizations:

Identify Cross Cultural issues of concern to you:

Are you willing to serve on an Action Council committee?

How did you find out about the Action Council?

Membership Fees

Dues	Type of Membership
\$15	Senior Citizen (<i>age 65+</i>)
\$10	Student
\$20	Individual
\$50	Organizational
\$35	Family (2 or more)*
\$20	Board Member

*Additional name(s)
