



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 of Application _____

Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Tel. _____ Fax _____

Email _____

What is the name of the agency, organization or company where you work?

Are you a member of any professional organizations? ____ Yes ____ No

If yes, which ones? _____

Are there any specific cross-cultural issues that are of interest or concern to you?

____ Yes ____ No

If yes, please explain. _____

Would you be willing to serve on one of the Action Council's Committees? (For a listing of committees, [click here](#)). ____ Yes ____ No

If yes, which one(s), and why? _____

How did you find out about the Action Council? _____

What are the names of additional people on your membership? _____

Membership Fees

Dues	Type of Membership
15.00	Senior Citizen
10.00	Student
20.00	Individual
50.00	Organizational
15.00 *	Family (2 or more)
5.00	Consumer

** Family dues are \$15.00 per person*

All dues and contributions are tax deductible.