



# Children's Mental Health Ontario Santé mentale pour enfants Ontario

40 St. Clair Avenue East, Suite 309, Toronto, Ontario M4T 1M9  
Tel: 416-921-2109 • Fax: 416-921-7600 • www.kidsmentalhealth.ca

## Application to join CMHO as an Organization

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

1. What type of organization are you?  
(e.g., School, Community Health Centre, Hospital)  
\_\_\_\_\_  
\_\_\_\_\_

2. Is your organization for profit or not-for profit?  
a) For profit .....  
b) Not for profit .....

3. Does your organization provide mental health services to children?  
a) Yes .....  
b) No .....

4. Please have the primary contact complete this section. He or she will receive all CMHO correspondence.

Salutation: Mr.  Ms.  Dr.

First Name:

Last Name:

Job Title:

E-mail:

How would you prefer to receive CMHO correspondence?

E-mail

Mail

Preferred Language: E / F

### FEES:

My organization does not provide mental health treatment services to children and youth, or does so only as an incidental part of its operations. The annual membership for this category is **\$500**.

How would you like to pay your fee?

Cheque/money order payable to CMHO is enclosed

Please invoice us

**Please complete this application form and send it to us at:**

### Attention: Manager of Membership Services

Children's Mental Health Ontario  
40 St. Clair Avenue East, Suite 309,  
Toronto, Ontario M4T 1M9  
Fax: 416-921-7600 • E-mail: info@cmho.org

In making this application to Children's Mental Health Ontario, I acknowledge that I am committed to its mission to champion the right of every child and youth in Ontario to mental health and well-being.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_