



2018 Tarrant Area Hoarding Task Force Membership Application
Membership Month/ Year _____ to _____

Paid

Please return this form with your payment to:
3136 West 4th Street, Fort Worth, TX 76107

Organizational, Individual and Mental Health Professionals - \$24 per year, payable in January

Your membership will make a difference in creating a healthier community:

- Use of Facilities for Meetings, Conferences and Trainings (pending availability).
- Advocacy for Individuals impacted by Mental Illness.
- Continuing Education and Training Opportunities.

Membership in Tarrant Area Hoarding Task Force is good for one year beginning the month dues are received.

Agreement

I wish to join the Tarrant Area Hoarding Task Force. I am enclosing my membership fee, payable to the Mental Health America of Greater Tarrant County.

Signature

Printed Name and Title

Contact Information – Please update the record we have on file for you.

Contact Name: _____

Company Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Website: _____

Please Specify Insurance Accepted (if any): _____

Credit Card Purchase

Card Number #: _____ Exp. Date: _____

Name on Card (print): _____ V Code: _____

Signature: _____

Contact Information – Use this form to include additional representatives of your organization

2017 Member Information

Contact Name:		
Company Name:		
Address:		
Address:		
City:	State:	Zip:
Phone Number:		
Fax Number:		
Email Address:		
Company Website:		

Contact Name:		
Company Name:		
Address:		
Address:		
City:	State:	Zip:
Phone Number:		
Fax Number:		
Email Address:		
Company Website:		

Contact Name:		
Company Name:		
Address:		
Address:		
City:	State:	Zip:
Phone Number:		
Fax Number:		
Email Address:		
Company Website:		



Thank you for your partnership.