

Palm Beach County Action Alliance For Mental Health Member Application

Mission The Action Alliance for Mental Health identifies, prioritizes, and takes action to promote and support education, early identification, and access to mental health services in Palm Beach County.

I have read the Charter and agree to the conditions set forth for membership.

This application is for Organization/Affiliation/Agency/ Self - **(circle one)**

Name of Organization/Affiliation/Agency _____

Self - Name _____ **Preferred Telephone** _____

Address: _____ **Email** _____

_____ **Date** _____

Interest: What is your main interest in membership? _____ **Voting** _____ **Non-Voting**

Benefit: How do you expect to benefit from membership? How can the Alliance help you?

Contribution: How will/can you help the Alliance to achieve its mission?

Questions/Comments:

Please email completed membership application to Gerda@BocaRatonsPromise.org

or mail to Boca Raton's Promise, 7 Royal Palm Way #608, Boca Raton, FL 33432