



# California Network of Mental Health Clients

2012 19<sup>th</sup> Street, Suite 100 Sacramento, CA 95818  
1-800-626-7447 (916) 443-3232 (916) 443-4089 (fax)

Website: [www.californiaclients.org](http://www.californiaclients.org) E-Mail: [main@californiaclients.org](mailto:main@californiaclients.org)

## Application for Client Membership

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

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

City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Phone ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_\_ Check here if the Network office can give your phone/address to members who want to network in your area. \*

\* My name, address, and phone numbers will not be given out without my permission.

\_\_\_\_\_ I am currently, or have been in the past, a mental health client.

Please check one of the following options:

\_\_\_\_\_ \$5.00 membership for one year.

\_\_\_\_\_ Scholarship Donation

\_\_\_\_\_ At this time I not able to afford \$5.00, but am willing to donate time and skills as I am able.

C.N.M.H.C.  
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