

ON OUR OWN OF MARYLAND MEMBERSHIP APPLICATION

By becoming a member of On Our Own of Maryland, you will be supporting our efforts to promote equality in all facets of society for people who receive mental health services and to develop alternative, recovery-based mental health initiatives. To become a member, complete this form, make your check or money order payable to On Our Own of Maryland, Inc., and mail it to 1521 South Edgewood Street, Suite C, Baltimore, MD 21227.

Name: _____

Organization (only if part of address): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ County (Maryland only): _____

E-Mail Address: _____

Amount enclosed for annual dues: _____

Voting Members (consumers/survivors): Nonvoting Members (non-consumer friends/family):

\$10

\$25 (individual)

\$2 (those on disability/entitlement income)

\$50 (organization)