



# THE ACTION COUNCIL

FOR CROSS CULTURAL MENTAL HEALTH AND HUMAN SERVICES

## Membership Application

Please complete the following membership form, and mail it along with membership dues to:  
**Membership Chairperson, ACCMHS, P.O.Box 1695, Columbia S.C. 29202.**

Date \_\_\_\_\_ Membership Expires \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

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

Tel. \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Company \_\_\_\_\_

*All dues and contributions are tax deductible.*

Professional Disciplines:

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Professional Organizations:

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Identify Cross Cultural issues of concern to you:

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Are you willing to serve on an Action Council committee?

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How did you find out about the Action Council?

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## Membership Fees

<b>Dues</b>	<b>Type of Membership</b>
\$15	Senior Citizen ( <i>age 65+</i> )
\$10	Student
\$20	Individual
\$50	Organizational
\$35	Family (2 or more)*
\$20	Board Member

\*Additional name(s)

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