



Canadian Mental Health Association
Cowichan Valley
Mental health for all

371 Festubert Street, Duncan, BC V9L 3T1
 Phone: (250) 746-5521
 Fax: (250) 748-2606
cmhacvb@cmha.bc.ca
www.cowichanvalley.cmha.bc.ca

Membership Application

Thank you for your interest in becoming a member, the more members we have, the greater our opportunity to inform, educate and work with the community. Our mission is to support people in achieving and sustaining their optimal mental health and well being. By becoming a member, you demonstrate that you value and support the work that we do.

The annual rates are: **Individual with limited income - \$5; Individual - \$20; Organization - \$50.**

Some of the ongoing work we do in the Cowichan Valley includes:

Child & Youth Services:

- **Family Capacity** counselling to strengthen and enhance relationships between children, their parents and families
- **Disordered Eating** therapeutic intervention
- **SAIP** therapeutic intervention for sexual abuse
- **U-Fix it BikeWorks & ArtWorks**, a place for youth to engage in activities to gain independence and a sense of accomplishment
- **Rainbows Program**, peer support program for children and their families in painful transition
- **Affordable Counselling** for individuals, couples, children, youth and families

Community & Education Services:

- **Bounce Back™ Reclaim Your Health** program to help people experiencing symptoms of depression and anxiety

Peer Support:

- **Mental Health Advocacy** at Warmland House, our advocate assists with service referral and completion of application forms (income tax, CPP, disability, etc.)
- **Ladies Tea at CMHA**, an afternoon out to socialize in a safe and respectful environment

Homelessness & Housing:

- **Warmland House**, a community housing resource facility with 30 emergency overnight shelter beds and 24 transitional rental apartments
- **Homeless Outreach** worker provides advocacy and acts as a liaison within the community

Please fill in the information below and return to our office in person or by mail at the address above.

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Name _____

Address & postal code _____

Phone _____ E-mail _____

Membership Fee enclosed \$_____ (cash or cheque made payable to: CMHA-Cowichan Valley)

I would also like to make a donation to CMHA, in the amount of \$_____

Donations are tax deductible. Receipts will be mailed for donations of \$20 or more. Thank you for your continued support!