



Annual Membership Application Form

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

Included with your membership, you will receive a subscription to “Visions” magazine, a CMHA-CVB e-newsletter, and an invitation to our Annual General Meeting where you will have the opportunity to vote, stand for election to the Board, and contribute to the direction of our organization. Membership runs from April 1st to March 31st.

Our 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:

- **Open Door Youth Services Centre**, a youth drop in centre providing shower, laundry, nurse practitioner and access to counselling services
- **U-Fix It BikeWorks & ArtWorks**, a place for youth to engage in activities to gain independence and a sense of accomplishment
- **Youth Outreach Engagement Program**, mobile team supporting homeless and at-risk youth
- **Family Capacity Counselling** to strengthen/enhance relationships between children, parents & families
- **SAIP**, therapeutic intervention for sexual abuse
- **Rainbows Program**, peer support program for children and their families in painful transition.

Community & Education Services:

- **Bounce Back™ Reclaim Your Health**, telephone based coaching program for youth and adults experiencing mild to moderate depression and/or anxiety
- **Sobering and Assessment Centre** provides a safe, temporary place for people to recover from intoxication due to drug or alcohol use and connect to services

Homelessness & Housing

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

Please complete the information below & return to our office in person or mail to address above.

Name: _____

Address & Postal Code _____

Email Address: _____

Telephone#: _____

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

I would like to receive: **1)** Free ‘Visions’ newsletter? ___ Yes ___ No **2)** CMHA-CVB E-news? ___ Yes ___ No

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

Donations are tax deductible. Receipts will be mailed for donations of \$20 or more.