



MEMBERSHIP APPLICATION (INDIVIDUAL)

Please support the important work of the Mauritius Mental Health Association (MMHA). For a mere Rs 1000 each year you can help empower all our beneficiaries so that they are able to thrive and achieve their full potential within a sustainable and inclusive Mauritius

NAME	
TITLE <small>circle as appropriate</small>	Mr Ms Mrs Dr Prof Other..
ADDRESS	
EMAIL	
TELEPHONE	
CELL PHONE	
PAYMENT METHOD	

Please note Membership is annual and unless renewed expires 31 December each year.

YOUR MEMBERSHIP FEE SUPPORTS OUR MISSION TO **IMPROVE THE QUALITY OF LIFE IN MAURITIUS FOR CITIZENS WITH SPECIAL NEEDS BY:**

- **providing them with access to education and life skills**
- **empowering their autonomy**
- **partnering with parents/guardians to share coping skills and create support networks**
- **changing perceptions and beliefs within our society about people with special needs**

THE **BENEFITS OF YOUR MEMBERSHIP** INCLUDE • the opportunity to make a difference in society • a membership certificate recognising your contribution • subscription to our e.newsletter "Enlighten" • a warm invitation to participate on any of our sub-Committees • the opportunity to run for and to elect the Governing Committee • invites to our events and activities • the opportunity to volunteer at the centre •

Yes, I'd like to become a member to!

- Provide hope to people and families coping with mental disabilities
- Help MMHA provide mental health support services in my community
- Join a community of people who recognize the importance of helping people affected by mental disabilities and promoting the mental health of all Mauritians
- Learn more about mental health and mental disabilities

I would like to participate through!

- Lending my skills and expertise by joining one of the 3 sub-committees
 - Stakeholder relations
 - Operational support
 - Community support
- Help organise and attend events and activities in my community
- Donating resources such as time, skills or funds

I agree to comply with the rules and regulations of MMHA. I understand that my membership is awarded at the discretion of the Governing Committee and may be revoked by them at any time.

Signature

Date

Governing Committee Notes

MEMBERSHIP APPLICATION (ORGANISATION)



Please support the important work of the Mauritius Mental Health Association (MMHA). For a mere Rs 10000 each year you can help empower all our beneficiaries so that they are able to thrive and achieve their full potential within a sustainable and inclusive Mauritius

NAME OF ORGANISATION	
CONTACT PERSON	
BUSINESS SECTOR	
ADDRESS	
EMAIL	
TELEPHONE	
CELL PHONE	
PAYMENT METHOD	

Please note Membership is annual and unless renewed expires 31 December each year.

YOUR MEMBERSHIP FEE SUPPORTS OUR MISSION TO IMPROVE THE QUALITY OF LIFE IN MAURITIUS FOR CITIZENS WITH SPECIAL NEEDS BY:

- **providing them with access to education and life skills**
- **empowering their autonomy**
- **partnering with parents/guardians to share coping skills and create support networks**
- **changing perceptions and beliefs within our society about people with special needs**

THE BENEFITS OF YOUR MEMBERSHIP INCLUDE • the opportunity to make a difference in society • a membership certificate recognising your contribution • subscription to our e.newsletter "Enlighten" and an article on your contributions to the Association if appropriate • a warm invitation to participate on any of our sub-Committees • the opportunity to support/sponsor the activities of the MMHA • invites to our events and activities • recognition on our website •

Yes, we'd like to become a member to!

- Provide hope to people and families coping with mental disabilities
- Help MMHA provide mental health support services to the community
- Join a community of people who recognize the importance of helping people affected by mental disabilities and promoting the mental health of all Mauritians

We would like to participate through!

- Lending the skills and expertise of our organisation to reach the goals of the Governing Committee
- Sponsor and attend events and activities in my community
- Donating resources such as products, skills or funds

We agree to comply with the rules and regulations of the MMHA. We understand that membership is awarded at the discretion of the Governing Committee and may be revoked by them at any time.

Signature

Date

Governing Committee Notes