NATIONAL COUNCIL for Mental Wellbeing

Membership Application

October 1, 2021 to September 30, 2022

General Information

Organization Name | Employer ID Number (EIN)

Address

City | State | Zip

Website | Phone | Fax

Facebook Page | Twitter Handle | Instagram Handle

Organizational Information

Corporate Status:

❑ Not-for-profit ❑ Private-for-profit ❑ Government

Member Type:

❑ Provider ❑ Affiliate/ Vendor ❑ Non-100% Association ❑ 100% Association

If you are a direct care provider, what type of provider are you?

❑ Community-based
❑ County/Authority
❑ CCBHC
❑ Hospital
❑ FQHC/Lookalike/RCH

What types of services do you provide?

❑ Addiction
❑ Child Welfare
❑ Crisis Services
❑ Consumer Run
❑ HIV
❑ Housing
❑ Intellectual Disability
❑ Justice Involved
❑ LGBTQI
❑ Mobile Services
❑ Mental Health
❑ Primary Care
❑ Refugee
❑ School Base
❑ Trauma
❑ Telehealth
❑ Veteran

Which type of area do you serve?

❑ Urban
❑ Suburban
❑ Rural
❑ Frontier
❑ Other (please specify) ______________________________

Which age groups do you serve?

❑ Child ❑ Youth/Adolescent ❑ Adult ❑ Older Adult

Which accreditations do you hold?

❑ JCAHO Accredited ❑ CARF Accredited ❑ COA Accredited

Annual operating budget: ______________________________

Number of full-time employees: ______________________________

Count of individuals served in one year: ______________________________

Do you receive grant funding for Mental Health First Aid or Primary and Behavioral Health Care Integration (PBHCI)?

❑ Mental Health First Aid ❑ PBHCI ❑ N/A

Contact Information

PRIMARY CONTACT FOR MEMBERSHIP

Please indicate the appropriate person on your staff to receive membership information and manage your National Council membership.

Name	Title	Email	Phone

CEO/EXECUTIVE DIRECTOR

Please indicate your organization's executive contacts.

CEO/Executive Director Name	Title	Email	Phone
Executive Assistant Name	Title	Email	Phone

ADDITIONAL CONTACTS

Your membership benefits extend to all staff in your organization. Please indicate key contacts (CFO, COO, Medical Director, Clinical Director, etc.) and other staff who should receive member benefits. If you need additional space, please email a list to Membership@TheNationalCouncil.org.

Name	Title	Email	Phone
Name	Title	Email	Phone
Name	Title	Email	Phone
Name	Title	Email	Phone
Name	Title	Email	Phone
Name	Title	Email	Phone

Payment Information

The National Council's member year is October 1 to September 30. Members joining after the start of the member year (October 1) will be eligible for prorated dues, based on the number of months remaining in the membership year.

Organizational members $4,758 ____________ Association members $6,472 ___________

Application and Payment Submission

To submit this application for membership, please email this completed form to: membership@thenationalcouncil.org. Once the application is received, we will generate an invoice to submit with your payment.

Make your check payable to National Council for Mental Wellbeing. Please mail your check to:

National Council for Mental Wellbeing
1400 K Street NW Suite 400
Washington, DC 20005
Attn: Membership

Questions? Contact us at 202-684-7457 or email Membership@TheNationalCouncil.org.

Satellite Locations (if applicable)

If you have satellite locations, please fill out the portion below. If they **exceed 4 locations**, please contact Membership@TheNationalCouncil.org for more information.

Organization Name: ______________________________

Address

City State Zip

Website Phone Fax

Primary Contact for Membership:

Name Title Email Phone

Organization Name: ______________________________

Address

City State Zip

Website Phone Fax

Primary Contact for Membership:

Name Title Email Phone

Organization Name: ______________________________

Address

City State Zip

Website Phone Fax

Primary Contact for Membership

Name Title Email Phone

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