

Threshold Services' Membership Enrollment Form

You too can be a change agent in helping 900 people who are courageously reclaiming their lives after the crippling onset of major mental illness.



Serving Montgomery County,
Maryland since 1981.

BENEFITS OF MEMBERSHIP:

Your membership dues support the programs of Threshold Services. Threshold Services provides housing, treatment and rehabilitation for 900 people who suffer from mental illness. Threshold Services also promotes a caring community through advocacy and education. Additional member benefits include:

- Get listed in "Member Spotlights" in our quarterly newsletter (Circ. 5,000)
- Opportunity to participate in annual Members-Only prize drawing
- Receive our quarterly newsletter
- Attend Threshold Services' Annual Event at a reduced price
- Corporate member benefits include a business-card size advertisement in VISIONS, and a framed certificate to display at the office as a proud member of our cause

The information you provide in this form will be kept strictly confidential, and will never be shared with a third party.

- New member
- Renewing member

Type of membership:

- Senior/Student rate (\$30)
- Individual (\$45)
- Family (\$75) two people living in the same household
- Corporate (\$250)
- Lifetime (\$3,000)

Your Name: _____

If family membership, family member's name: _____

If corporate membership, company name: _____

Address: _____

Phone: _____ E-mail: _____

Is the above your work or home contact information? (Please circle one): Work / Home

Please allow us to remember your birthday: Month: _____ / Day: _____

If you are completing this application as a corporate member, please complete the following:

Employer: _____

Your title: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Does your company print a newsletter: YES / NO If yes, how regularly? _____

Payment method:

- Check enclosed: \$ _____
- Credit Card: Visa MasterCard American Express

Account number: _____ / _____ / _____ / _____

Expiration date (month / year): _____ / _____

Card Security Code (three digit code printed, not imprinted or stamped, on your card): _____

E-mail address (required for credit card payments): _____

Signature: _____

How would you like to be listed in our membership directory?

- Please list both my name and contact information.
- Please list only my name and not my contact information.
- Please list neither my name nor my contact information.

Over, please

Your answers to the following questions will allow us to get to know you better and it will help us improve our membership program. This information will be kept confidential.

How did you hear about Threshold Services?

- I am a mental health services consumer, and I heard about you through my psychotherapist/friend/family member.
- I am a mental health services professional, and I learned through my client/colleague.
- I am a family/friend of a mental health services consumer.
- I am a family/friend of a Threshold Services staff member.
- Other, please explain _____

Are you a resident of Montgomery County, Maryland?

- Yes
- No; *What county do you live in?* _____

What is your age range?

- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> <18 | <input type="checkbox"/> 36-45 | <input type="checkbox"/> 66-75 |
| <input type="checkbox"/> 18-25 | <input type="checkbox"/> 46-55 | <input type="checkbox"/> 76-85 |
| <input type="checkbox"/> 26-35 | <input type="checkbox"/> 56-65 | <input type="checkbox"/> >85 |

What is your level of education?

- | | |
|--|---|
| <input type="checkbox"/> High school equivalency | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> High school | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Doctoral degree |

Are you married?

- Yes
- No

Do you have any children?

- Yes; *Are they still in school?* Yes No
- No

Please let us know if you would like to get involved in any of the following?

- | | |
|--|---|
| <input type="checkbox"/> Compeer | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Help the Homeless Walkathon | <input type="checkbox"/> Member Recruitment |
| <input type="checkbox"/> Annual Membership Meeting | <input type="checkbox"/> Board of Directors |

Do you have any special interests or talents you would like to share?

Please help us get to know more community members, like you, by taking a moment to write down the names and addresses of friends who might be interested in Threshold Services.

Name: _____

Name: _____

Address: _____

Address: _____

E-mail: _____

E-mail: _____

Please mail or fax this form to:

Threshold Services
Attn: Development Office
1398 Lamberton Drive
Silver Spring, MD 20902
Phone: (301) 754-1102
Fax: (301) 754-1690

Today's Date: _____

***Thank you for completing this membership form,
and for joining Threshold Services!***