

**Membership Application:**

**Mail to: MHAND, PO Box 4106, Bismarck, ND 58502- 4106**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone for texting (if different): \_\_\_\_\_ Email: \_\_\_\_\_

Are you a consumer (person who has lived with a mental illness)? \_\_\_\_\_ Are you a family member? \_\_\_\_\_ Are you a friend or professional who works with consumers? \_\_\_\_\_

How did you find out about this group? \_\_\_\_\_

What do you see as concerns or challenges with the mental health system in North Dakota?

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