

Minnesota Association of Community Mental Health Programs

Membership Application Information

Membership Criteria

Organizational members must meet the following criteria (paraphrased from by-laws):

1. Minnesota-based non-profit tax exempt organization (or governmental) with a community-based board of directors (from the communities served), non-discrimination based on ability to pay, performance consistent with applicable MN statutes, rules and/or other accreditation standards, contract with the county or state under Comprehensive MH Act, provides three or more services described in the MH Act, and has a dedicated operating unit providing program services in the areas of mental health, chemical dependency or developmental disabilities.
2. Demonstrated dedication to serving a public or social mission as evidenced in contracts with the state or county and serving clients without regard to ability to pay.

Membership Representation

The member organization designates a voting representative at the monthly meetings. Other staff or board members may serve on various committees and task forces.

Dues

Dues are based on individual organization budgets. The dues range from \$3,000 - \$5,750 per year.

Applicant Information

Organization Name _____

Contact Person/Designated Representative _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Budget Size:

Mental Health \$ _____ Chem. Dep. \$ _____ DD \$ _____ Other \$ _____

Sources of Support:

Government _____% Private Grants _____% Private Fee Income _____% Other _____%

Staff: Number of FTEs _____

Briefly describe the programs offered by your organization and how your organization meets the above membership criteria.

By signing below, our organization agrees to abide by the vision/mission statement, by-laws and rules of the MN Association of Community Mental Health Programs, Inc.

Member Name

Member Signature

Return to: Ron Brand, Executive Director
MN Association of Community Mental Health Programs, Inc.
1821 University Avenue West, #350-S, St. Paul, MN 55104
(651) 642-1903 Fax: (651) 645-1399

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