

The F.O.R.C.E.
Families Organized for Recognition and Care Equality
Society for Kids' Mental Health

As families, we've been there.



MEMBERSHIP FORM

Yes! I want to participate in promoting child and youth mental health

Please indicate which of the following applies to you for a free, non-voting membership:

- Individual
- Family Member
- Parent/Caregiver
- Service Provider

Name: _____

Organization (if applicable) _____

Address: _____

Postal Code: _____ **Province:** _____

Telephone Number: _____

Email: _____

Any donation is greatly appreciated

Please send this form, and any donations to:

PO Box #91697 West Vancouver, BC V7V 3P3

Website: www.forcesociety.com

Thank you for your support!

We are a Registered Charity