

The Milwaukee Mental Health Task Force is the voice of the community on issues related to the quality and responsiveness of mental health and substance abuse services.

Milwaukee Mental Health Task Force Annual Membership Form

Name:		
Organization:		
Phone:	Fax:	E-mail:
Mailing Address:		
Note: To be added to th Directory Information F		Task Force Directory, please complete the attached
Amount: \$	Please see su	ggested amounts below
Organizations with b	udgets of:	
□ \$5,000 - \$300,000 – pay \$100 annual membership		
□ \$301,000 - \$750,000 – pay \$250 annual membership		
☐ Above \$750,000 – pay \$500 annual membership		
☐ We encourage any organization that can pay a \$1000 annual membership to do so.		
Community member	ers are also warmly invited t	to join:
☐ Community member -active in the task force. All contributions gratefully accepted.		
☐ Community supporter - not active with the task force but supportive of its efforts. All contributions are gratefully accepted.		
	e to Milwaukee Mental He Iental Health Task Force.	ealth Task Force. Note: DRW serves as fiscal agent
Thank you for your support!		

Mail with your check payable to Milwaukee Mental Health Task Force to:

Milwaukee Mental Health Task Force c/o Disability Rights Wisconsin 6737 W. Washington Suite 3230 Milwaukee, WI 53214

Questions? Contact Barbara Beckert at Barbara.beckert@drwi.org or 414-773-4646 ext 2724