# MHTF Directory Information Form

Return completed form with your membership form and check or email it to barbara.beckert@drwi.org.

Name:

Email:

Preferred Phone Number:       [ ]  Work [ ]  Cell [ ]  Home

Alternate Phone Number:       [ ]  Work [ ]  Cell [ ]  Home

Fax Number:

[ ]  Check if you are new to the MHTF. How did you hear about the Mental Health Task Force?

## Work Information

Work Name:

Address:

City:       State:       Zip:

## Please indicate your preferred listing for the directory (check all to be listed):

[ ]  My name

[ ]  My email address

[ ]  My preferred phone number

[ ]  My alternate phone number

[ ]  My agency information (agency name and address)

[ ]  Not at all

## Home Address Information

Note: We are requesting a home address to help us identify legislative contacts for Task Force members. This information will not be published in the directory.

Home Address:

City:       State:       Zip:

## Directory Information

Please indicate all applicable categories you wish to be listed under in the directory.

[ ]  Advocacy

[ ]  Criminal Justice/Correctional

[ ]  Direct Service

[ ]  Education/Training

[ ]  Government Agency

[ ]  Hospital

[ ]  Independent/Private Provider

[ ]  Legal

[ ]  Managed Health Care Org

[ ]  Peer

[ ]  Peer Specialist

[ ]  Provider: AODA

[ ]  Provider: Mental Health

[ ]  Provider: Youth/Children Services

[ ]  Research

[ ]  Support Group Facilitator

[ ]  Other: