# MHTF Directory Information Form

Return completed form with your membership form and check or email it to [barbara.beckert@drwi.org](mailto: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 This information will not be published in the directory.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: