

#iSupport

Membership Form

Please fill in as much of the form as you are able. We will use this information to add you to our mailing list, get to know your interests, and to inform you of events and activities.

***** Information will remain confidential.**

Name : _____

Age : _____

Gender : Male Female TransG

Date of Birth : ____ / ____ / ____

Email Address : _____

Permanent Address : _____

City : _____ State : _____ Zip Code : _____

County : _____

Phone : () _____ - _____ Other Phone : () _____ - _____

What is the best way to contact you?

Email

Regular Mail

Telephone - Best time to call : Morning Afternoon Evening

Which race / ethnic group do you identify with the MOST?

African American

Asian/Pacific Islander

European / Caucasian

Hispanic / Latin

Native American

Other : specify _____

Amanda Boccardi - Family Support Specialist

aboccardi@mhaputnam.org

tel : 845 - 278 - 7600 ext. 223

Emergency Contact Information

Name : _____

Relationship : _____

Phone : _____

What is your relationship to the family member with a Mental Illness?

What brings you to #iSupport and what do you expect to get from the program?

What activities and hobbies do you enjoy?

