

Mission:

Lead a coalition of diverse stakeholders to champion mental health for everyone in the Fox Valley by addressing barriers, challenging systems, creating solutions, and prioritizing care and support.

Vision:

A community that is resilient, connected, and mentally well

NEW

2025 Membership Application

RENEWAL

Sponsor and Organizational Membership: (Membership levels are listed on page 2)

Organization name: _____

Primary Organizational Contact (this person will be designated as the person authorized to vote on behalf of the organization):

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Direct Phone: _____

Individual Membership:

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Direct Phone: _____

IMPORTANT:

Sign up to receive our E-Newsletters, meeting reminders, project updates, and other communication from The Connection!

Simply go to: www.newmentalhealthconnection.org

And scroll down... on the right side, you'll see a green box that says,
"Join our Mailing List"

Enter names and emails for any staff members who'd like to receive communications from The Connection.

Please check appropriate category	Criteria	Annual Dues (January 1- December 31)
	Sponsors	
	Corporate Champion	\$15,000
	Mental Health/Substance Use Provider Organizations	
	Organization with operating budget of under \$50,000	\$100
	Organization with operating budget of \$50,000 to \$100,000	\$300
	Organization with operating budget of \$100,000 to \$500,000	\$500
	Organization with operating budget of \$500,001 to \$1 million	\$1000
	Organization with operating budget of \$1 million to \$5 million	\$2000
	Organization with operating budget of \$5 million to \$10 million	\$3500
	Community Partners	
	Community Resource Agency (shelters, advocacy, info/referrals)	\$100
	For-Profit Business	\$300
	Municipalities	
	County, City, Town	\$300
	School Districts	
	Tier 1 (10,000 + students)	\$1500
	Tier 2 (3000-9,999 students)	\$500
	Tier 3 (1000-2999 students)	\$250
	Tier 4 (under 1000 students)	\$100
	Individual	
	Individual member (including families, consumers, community members)	\$50

2025 Sustainability Support

In recognition of the critical work done by and through The Connection, also enclosed is an unrestricted donation in the amount of:

___ \$50 ___ \$100 ___ \$250 ___ \$500 ___ \$1,000

___ Other _____

Thank you for your generous support!

2025 Membership Accommodations for Financial Hardship

___ We are unable to pay our membership dues, and are requesting a **waiver/scholarship** for 2022

___ We are unable to pay our full dues, but can **pay half**, as we are still experiencing financial hardship due to the pandemic

Please make checks payable to: **N.E.W. Mental Health Connection**

Annual membership payment of \$_____ and sustainability support of \$_____ are enclosed

Signature: _____ Date: _____

Please mail this completed form with payment to: **N.E.W. Mental Health Connection
P.O. Box 374
Appleton, WI 54912**

Need to contact us? (920) 454-7731 sarah@newmentalhealthconnection.org