

California Association of Local Mental Health
Boards and Commissions

INVOICE

CALIFORNIA ASSOCIATION OF
LOCAL MENTAL HEALTH BOARDS/COMMISSIONS

MEMBERSHIP DUES
July 1, 2014 through June 30, 2015

Annual dues for CALMHBC membership: \$500

Please make your check for \$500.00 payable to CALMHBC, attach the Invoice below,
and mail to:

CALMHBC Treasurer
2338 Lakepark
Napa, CA 94558

For billing inquiries, please contact:

Beryl Nielsen
707-224-3489, 707-226-5560
Napamam@aol.com

Tax ID #: 33-0581682

Attached are W-9, three page Annual Report for 2013-2014 and fact sheet with
Map of counties and regions

Thank you.

Please send this portion with your remittance. Thank you.

COUNTY _____

DIRECTOR MENTAL HEALTH OR BEHAVIORAL HEALTH _____

CHAIR OF
BOARD/COMMISSION _____

EMAIL ADDRESS _____