****

**2014 Membership Application for the Massachusetts Coalition for Suicide Prevention**

The Massachusetts Coalition for Suicide Prevention is now a membership organization, with an annual dues structure that will generate revenue sufficient to cover many of the key advocacy activities of the coalition. There are two key reasons for this change:

* *In these uncertain financial times, we cannot depend upon funding solely through the Massachusetts State Department of Public Health for all coalition-related activities.*
* *There have been significant changes to the advocacy/lobbying regulations that require revenue apart from public funds in order to insure that our coalition has a continuing voice in shaping suicide prevention policy and to continue the education of our legislators on this important issue.*

***Become a member of the leading Massachusetts suicide prevention collaboration and enjoy these benefits:***

* Be a voice /play a role in shaping suicide prevention policy
* Participate in educating legislators and other policy makers on suicide prevention and related issues
* Opportunities to network with other individuals and organizations who are committed to reducing the incidence of suicide
* Increased access to suicide prevention experts throughout the state
* Listing as member on the coalition website with organizational website/contact information
* Organizational scholarships to the annual conference (see descriptions, above)
* Individual discounts to the annual conference (see descriptions, above)
* Use of the Coalition Listserve to quickly connect with other coalition members on topics of importance
* Notification of all Coalition meetings, trainings, state house event and state conference
* Memberships are effective for a calendar year (January through December)

***Instructions for becoming a member of the Massachusetts Coalition for Suicide Prevention***

1. Complete the application for MCSP membership form (attached)
2. Submit completed application form, along with payment, to:

*Massachusetts Coalition for Suicide Prevention*

*c/o Jennifer Kelliher, Managing Director*

*945 Concord St*

*Framingham, MA 01701*

1. Questions regarding membership should be directed to our Managing Director

Email: JKelliher@MassPreventsSuicide.org

Phone: (617)-297-8774

Membership fee is on a sliding scale.

Please submit the appropriate amount for your organization.

***Lead Membership\****

$1,000 annual dues for organizations with annual revenues that exceed $1,000,000

10 memberships per organization

5 scholarships to annual conference

***Associate Membership\****

$500 annual dues for organizations with annual revenues between $250,000 and $1,000,000

5 memberships per organization

3 scholarships to annual conference

***Corporate Membership\****

$250 annual dues for organizations with annual revenues under $250,000

3 memberships per organization

2 scholarships to annual conference

***Individual Memberships\****

$25 dues per member

50% discount on fee for annual conference

\*The equivalent of 30% of annual dues will be provided to a regional coalition if designated by the organization and/or individual

****

**2014 Membership Application for the Massachusetts Coalition for Suicide Prevention**

Name of individual member/organizational contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_

Other contact information:

Business Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names and email addresses for organization memberships that apply for your organization:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate the regional coalition (if any) in which you/your organization participates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form, along with payment (checks should be made out to the Association for Behavioral Healthcare, with a memo line indicating MCSP membership dues) to:

***Massachusetts Coalition for Suicide Prevention***

***c/o Jennifer Kelliher, Managing Director***

*945 Concord St, Framingham, MA 01701*