



New Member Data Fee Form California Mental Health Services Authority

3043 GOLD CANAL DRIVE, SUITE 200 * RANCHO CORDOVA, CA 95670 * PHONE: (916) 859-4800 FACSIMILE: (916) 859-4805

County Information

Population

Date Population Recorded

I. Population Information:

(Based on most recent population published by State Department of Finance)

II. Application Fee Schedule (*Based on most recent population published by State Department of Finance*)

- Population greater than 10 million: \$1,000
- Population 1 million to 10 million: \$ 750
- Population 100,000 to 1 million: \$ 500
- Population less than 100,000: \$ 250

Please issue warrant to California Mental Health Services Authority \$ _____

OR

Application Fee will be paid upon the first reassignment of program funds to CalMHSA

III. Requested Date of Membership: _____

County/City

Printed Name

Signature

Date

Please complete form and submit via email to laura.li@georgehills.com. Print and/or save completed form for your records.



Member Contact Information

Alternate Contact Information

Alternate Name/Title (including professional initials)

Alternate Name/Title (including professional initials)

Physical Address

Physical Address

Street Name

Street Name

Suite / Mail Stop / Floor

Suite / Mail Stop / Floor

City State Zip Code

City State Zip Code

Telephone: _____ Facsimile: _____

Telephone: _____ Facsimile: _____

Email: _____

Email: _____



Executive Assistant

Contact Information

Name _____

Title _____

Address _____

Telephone _____

Facsimile _____

Email _____

Support Person For:

Executive Assistant

Contact Information

Name _____

Title _____

Address _____

Telephone _____

Facsimile _____

Email _____

Support Person For:
