



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)

229,473

2007

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: 09-21-2011

IV. Participation in CalMHSA represents your four year intention to assign program funds and the intention to release three years of planning funds (Enclosure 1/Information Notice 12-05).

TRI-CITY MENTAL HEALTH CENTER

County/City

JESSE H. DUFF

Printed Name

Jesse H Duff

Signature

10-05-2011

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

JESSE H. DUFF

Alternate Name/Title (including professional initials)

EXECUTIVE DIRECTOR

Physical Address

1717

Street Name

N. INDIAN HILL BLVD.

Suite / Mail Stop / Floor

SUITE B

City State Zip Code

CLAREMONT CA 91711

Telephone: 909.623-6131 Facsimile: 909.623.4073

Email: JDUFF @ TRICITYMHS.ORG

Alternate Contact Information

RIMMI HUNDAL

Alternate Name/Title (including professional initials)

MHSA MANAGER

Physical Address

1717

Street Name

N. INDIAN HILL BLVD.

Suite / Mail Stop / Floor

SUITE B

City State Zip Code

CLAREMONT CA 91711

Telephone: 909.623.6131 Facsimile: 909.623.4073

Email: RHUNDAL @ TRICITYMHS.ORG

Executive Assistant

Contact Information

Name NANCY DAY

Title EXECUTIVE ASST

Address 1717 N. INDIAN HILL BLVD #B
CLAREMONT, CA 91711

Telephone 909. 784. 3235

Facsimile 909. 623. 4073

Email NDAY@TRICITYMHS.ORG

Support Person For:

JESSE H. DUFF

RIMMI HUNDAL

Executive Assistant

Contact Information

Name _____

Title _____

Address _____

Telephone _____

Facsimile _____

Email _____

Support Person For:

