



Depression and Bipolar Support Alliance

# DBSA-OKLAHOMA MEMBERSHIP FORM

(No one will be turned down for membership because of inability to pay.)

The information you provide will be held in strictest confidence and will not be shared without your permission. The census questions asked at the bottom are for statistical purposes only and are voluntary.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization/Agency (if any): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number street apt #

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Check all that apply:**

- Consumer/Recipient
- Family Member/Friend
- Student
- Professional
- Other

**Suggested Membership**

**Dues:**

- \$15.00 Consumer/recipient
- \$25 All Other categories

**Donation Enclosed:**

Amount: \$ \_\_\_\_\_

Check if you wish to receive a receipt.

**(OPTIONAL) STATISTICAL/DEMOGRAPHIC INFORMATION**

Gender	Age	Race	Physical Disability	Sexual Orientation
<input type="checkbox"/> Male	<input type="checkbox"/> 17 & u	<input type="checkbox"/> American Indian	<input type="checkbox"/> Yes	<input type="checkbox"/> Heterosexual
<input type="checkbox"/> Female	<input type="checkbox"/> 18-25	<input type="checkbox"/> African American/Black		<input type="checkbox"/> No
	<input type="checkbox"/> 26-35	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Bisexual	
	<input type="checkbox"/> 36-55	<input type="checkbox"/> Caucasian/White		
	<input type="checkbox"/> 56+	<input type="checkbox"/> Hispanic		
		<input type="checkbox"/> Other		

MAIL COMPLETED FORM TO:

DBSA-OK 4501 N. Classen Blvd, Suite 108, Oklahoma City, OK 73118