

WESTERN SERVICE AREA AUTHORITY  
WSAA Membership Form

**Welcome!** If you are at least 16 years old, reside in western Montana, and want to help make the mental health system in Montana more responsible to the needs of the people using the system (consumers), you may become a member of the Western Service Area Authority (WSAA). By attending this meeting today, and turning in this membership form, (membership is free), you will immediately become a member in good standing. This makes you eligible to vote on decisions that are made during any Congress meetings that you attend. *But, please only fill out this form and vote only if you live within the western Montana region.*



*promoting positive mental health  
and wellbeing in western Montana*

Please provide us with the following information so that we can keep you informed on the activities of the WSAA. Almost all of our communication is done by e-mail, however, we would also like to have your address and phone numbers in case we need to reach you in that way. You may update your information by e-mail or phone at any time.

Sincerely, Denelle Pappier, WSAA Secretary  
406-363-1311; dpappier@aol.com

**Western Service Area Authority**  
In collaboration with Montana state leadership and the Department of Public Health and Human Services, the WSAA is an advisory group of consumers and providers in western Montana, working together for the purpose of planning and oversight of mental health services.



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

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Consumer: No \_\_\_\_\_ Yes \_\_\_\_\_

Provider: No \_\_\_\_\_ Yes \_\_\_\_\_ Interested Stakeholder: No \_\_\_\_\_ Yes \_\_\_\_\_

Organization/Agency: \_\_\_\_\_

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