



Application To Become a Member of The Dr. Robert E. Elliott Foundation.

MISSION::

"To save lives and restore hope by building bridges of understanding"

GOALS::

- Create a new understanding of the disease of depression through community education.
- Develop new attitudes about the diagnosis and treatment of depression.
- Be a resource guide for those in need of help.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____

Personal Email: _____

Business Email: _____

Please accept my application to become a member of the Dr. Robert Elliott Foundation.
As a member I agree with the stated mission and goals of the foundation.

Signature: _____ Date: ____/____/____

I would like to help meet the goals of the foundation in the following capacity:

Fundraisers

Publicity

Educational Presentations

Other _____