



Psychiatric Survivors of Ottawa

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Charity BN/Registration # 89971 7961 RR0001

2024/25 Membership Form

Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

Tel: _____ E-mail: _____

- ☐ I wish to receive the PSO Update newsletter via e-mail
- ☐ I wish to receive the PSO Update newsletter via regular mail
- ☐ I would like to volunteer at PSO
- ☐ I wish to subscribe to the Family News e-newsletter (email required)

Other Information

I have enclosed a donation of _____ (optional). An official Canadian income tax receipt will be issued for all donations of \$15 or more.

I heard about PSO from: _____

Month of Birthday: _____

I identify as an individual with lived mental health/substance use challenges and agree to abide by the PSO Code of Conduct.

The Code of Conduct is available on our website:

www.pso-ottawa.ca/pso-code-of-conduct

Signed: _____ Date: _____

Mission Statement: We are a community of peers using our lived experiences with the mental health system to support one another in moving towards our full potential.

*Membership Form revised July 2016 Printed October 2024
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