DBSA-Boston Membership Agreement

DBSA-Boston brings us together to offer each other what we have learned about living with affective disorders. In these circles of trust, we share our feelings, our experiences and our coping strategies. We do not give advice, particularly about medication. Our support groups are not therapy groups. Our facilitators are not therapists, but DBSA-Boston members trained in peer group facilitation. To make everyone feel safe and welcome, our groups are governed by certain guidelines. In particular, we recognize that everything shared within groups (a much revealed one-to-one) must be kept confidential for people to feel safe enough to participate. We also use “I” statements and speak from our own experience; and when differences arise, we refrain from judging one another and instead seek understanding.

DBSA-Boston members in good standing are entitled to the following privileges:

- A safe and empathetic environment to aid in their personal growth
- Receipt of our quarterly newsletter via E-Mail.
- Participation in our Share/Care groups, daytime drop-ins and twice-monthly lectures
- Group functions including the summer picnic and holiday party
- Opportunities to “give back” to others by serving as a group facilitator, running for the Board of Directors or working on committees
- The right to vote in DBSA-Boston elections

DBSA-Boston has established clear guidelines for the security and well-being of all members participating in our organization. Because disruptive behavior is often a symptom of bipolar and depressive illnesses, it must be accommodated to some degree. Beyond a certain point, however, it cannot be tolerated as it jeopardizes the work or even the existence of a group dedicated to helping people transform their lives. We list here some examples of behavior that, if it persists, can lead to a review of an individual’s group participation privileges, and possibly to that individual’s removal from the organization by the Board of Directors.

1. Discrimination against any individual or group based on age, gender, race, creed, nation of origin, ethnicity, sexual orientation, disability, religion, or any other characteristic protected by the laws of the United States.
2. Physical or verbal aggression 2a. Suggestive remarks or other forms of sexual harassment
3. Violating confidentiality of support group meetings or individual members
4. Disrupting groups by coming in late habitually, wandering in and out, or refusing to cooperate with a group facilitator in following established DBSA-Boston guidelines.
5. Abuse of the telephone or email lists by making calls at inappropriate times or by refusing to stop contacting those who have asked not to be contacted. 5a. The use of cell phones during groups, including texting, Web access, and photos
6. Harassing or stalking individuals who have asked not to be contacted
7. Inappropriate or illegal behavior in contexts where members are viewed as representatives of DBSA-Boston, such as at McLean Hospital, local restaurants, or other public places
8. Bringing pets other than service animals to group meetings
9. Attending DBSA-Boston meetings or functions while under the influence of alcohol or other recreational drugs
10. Repeatedly violating the smoking policies of a facility where a DBSA-Boston group is meeting

Your cooperation and commitment are what keeps DBSA-Boston alive and well. Thank you!

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DBSA-Boston Membership Agreement

Make checks payable to: **DBSA-Boston** and bring them to the welcome table at the at the Belmont chapter meetings on Wednesday nights or mail them to: **DBSA-Boston** P.O. Box 102 Belmont, MA 02478
(You must be 18 years or older to become a member)

**Check all that apply**

[ ] New Member [ ] Renewing Member [ ] Donation
[ ] Change of address/phone/email [ ] Change membership terms
[ ] Mail only in confidential (unidentified) envelope.

**Categories and Dues**

[ ] Individual: $35/year [ ] Student $15 (With Id) [ ] Household: $50/Year [ ] Professional: $75/year
[ ] Lifetime: $300 [ ] Benefactor: $500 [ ] Angel:$1000

Members requesting changes, please note: changes require 4-6 weeks to take

**Help us to help others by giving an additional donation. Donations are tax deductible to the extend provided by law. DBSA-Boston is a non-profit corporation in accordance with I.R.S. Code, section 501C(3)**

[ ] $25 [ ] $50 [ ] $100 [ ] $150 [ ] $____ [ ] In honor/memory of __________________________

**Total amount enclosed (dues and or donations) $__________ Checks payable to DBSA-Boston**
Meeting Schedule

2 hour meetings:
- **On the 1st, 3rd, 4th & 5th Wednesday from 7-9 pm.** Two hour Share/Care meetings are held that focus on multiple topics such as Depression, Bipolar Issues, Family and Friends or Women’s Issues. A Young Adults group meets weekly as does a Newcomers Group that provides an introduction to DBSA groups.

Speaker series:
- On the 2nd Wednesday from 7-8 pm, a 1-hour Speaker Series Lecture is followed by a 1-hour Share/Care Support group from 8-9 pm.

Other Groups:
- Daytime Drop-in groups meet Monday, Thursday, Friday and Saturday at McClean Hospital, deMarneffe Cafeteria, Belmont from 1:30-3:30 pm.
- A Drop-in group meets Thursday at Mass General, Yawkey Bldg. 4th floor, 7-9 pm.

Events:
- Ice Cream Social in April
- NAMI walk in May
- Cookout in July
- Holiday Party in December
- Mill St. Open Mic Session (every 5th Wednesday)
- Art Shows
- Occasional group outings

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Please print clearly:

DBSA-Boston Membership Agreement

Name__________________________________________________________  Date________________

Address ____________________________________________________________________________

City _________________________________________________________  State ______   Zip ____________

Phone (       )______________________________________  (For Confidential Office Use ONLY)

Email ____________________________________________  (For Confidential Office Use ONLY)

SIGNATURE REQUIRED: I understand and will abide by DBSA-Boston’s Membership Agreement (see back)

X____________________________________________________________________________

Phone List: Include my name as follows: ______________________________________

(Your name will be placed on the phone list, which is given to DBSA-Boston members seeking personal support, ONLY if you print your name here.)

How did you find out about DBSA? ______________________________________________________________________

Comments or suggestions: __________________________________________________________________________

Thanks very much! The Membership Committee