



McHenry
County

Annual Membership Application

Name _____ Date _____

Address _____

City/State/Zip _____

Home Phone _____ Alternate Phone _____

E-mail _____

As a member of NAMI, you will be enrolled in the National, State, and Local NAMI organizations, and will receive subscriptions to publications from all three levels of affiliation.

This membership is: New Renewal

Enclosed are my membership dues for:

- Individual \$35.00
- Family \$35.00
- Open Door \$ 3.00
- Scholarship \$ 0.00

In addition to my membership dues, I would like to also include a donation of \$ _____

I **do not** wish to be included on the membership rolls at this time, but please accept my donation in the amount of \$ _____

My check for the total amount of \$ _____ is enclosed

I am interested in becoming a volunteer. Please contact me.

Thank you for your support. Your contribution to NAMI is tax deductible.

Please mail this form to:

NAMI-McHenry County, 620 Dakota St., Crystal Lake, IL 60012