



# Annual Membership Application

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

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

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

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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 \$40.00

Household \$60.00

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