MEMBERSHIP FORM

JOIN DATE _______________________________ EXPIRES _______________________________

NAME ________________________________________________________________

ADDRESS ________________________________________________________________

(Street)

(City, State, Zip)

HOME PHONE ________________________________

CELL PHONE ________________________________

E-MAIL __________________________________________

MEMBER # ________________________________
(if known)

TYPE OF MEMBERSHIP: Renewal ___________ New ___________

NOTE: Membership in any amount automatically gives you membership at the national, state, and local levels. You will receive NAMI’s flagship publication, the Advocate, as well as NAMI’s monthly e-newsletter, NAMI Now.

If you cannot afford the regular membership fee of $40.00, you are welcome to join at the Open Door amount. Benefits and voting rights are the same.

Regular: $40.00 / individual Cash ______ Check # _________ Ejoin _______
(Amount) (Payable to NAMI Jefferson Co.)

Open Door $5.00 / individual

Cash ______ Check # _________ Ejoin _______
(Amount) (Payable to NAMI Jefferson Co.)

Household $60 / All members of one household

Cash ______ Check # _________ Ejoin _______
(Amount) (Payable to NAMI Jefferson Co.)

Membership Form, together with your check, can be mailed to:
NAMI Jefferson County Membership,
P.O. Box 687, Port Townsend WA 98368
or, Ejoin at: www.nami.org/subscribe

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