



(National Alliance on Mental Illness, Jefferson County, Washington Affiliate)

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