



Membership Form

Please Join Us!

I understand that by becoming a member of NAMI Guilford, I automatically become a member of the local affiliate serving my community, NAMI and NAMI North Carolina. I also understand that my membership information will be provided to both NAMI, NAMI North Carolina and the local affiliate. Please complete the following and **print clearly**. Thank you!

Primary Member Title: Dr./Mr./Mrs./Ms./Other: _____ Member name: _____

Home address _____

City _____ County _____ State _____ Zip code _____

Home phone _____ Work phone _____

Mobile phone _____ E-mail _____

Choose either Individual (\$40/\$5) or Household Membership (\$60):

In addition to the individual membership options, NAMI offers a Household membership option for those with more than one individual residing at the same address. With the household membership, each listed member of the household will be full members of NAMI, NAMI North Carolina and NAMI Guilford. The household membership will only receive one copy of the NAMI publications, but most other member benefits are granted to each listed member.

INDIVIDUAL MEMBERSHIP OPTIONS

OR

HOUSEHOLD MEMBERSHIP \$60

Individual Membership \$40

Additional Member Names/E-mail for Household Membership:

<u>NAMES</u>	<u>EMAIL ADDRESSES</u>
-	-
-	-
-	-
-	-
-	-
-	-

OR (Pick either Individual or Open Door If finances are constrained)

Open Door Membership \$5 (for those with limited resources)

In addition to the membership dues, I would like to donate an additional \$ _____

My total payment is \$ _____

Where did you hear about NAMI? Or referred by: _____

PAYMENT INFORMATION (please print clearly): I am enclosing a check or Money Order (continue if using a Card)

Please charge my credit card # _____

VISA Mastercard American Express

Name on card: _____

Expiration Date _____ Security Code _____ E-mail _____

Billing Address (if different than above) _____

Signature _____