

NAMI North Carolina

Membership Add / Renew / Change of Address Form

Affiliate: _____ Affiliate ID No. _____

Person completing form: _____

Daytime phone: _____ Date: _____

†Addition †Renewal
†Change of Address

†Addition †Renewal
†Change of Address

NAMI ID #:

NAMI ID #:

Prefix:

Prefix:

First Name: :

First Name: :

Last Name:

Last Name:

Suffix:

Suffix:

Address 1:

Address 1:

Address 2:

Address 2:

City:

City:

State:

State:

Zip code:

Zip code:

Telephone:

Telephone:

E-mail:

E-mail

Spouse name:

Spouse name:

Exp. Date: Jan 31st, 200__

Exp. Date: Jan 31st, 200__

Relation to Consumer (Please check one):

Relation to Consumer (Please check one):

Parent of Adult

Parent of Adult

Professional

Professional

Consumer Friend/Other

Consumer Friend/Other

Spouse Parent w/Child under 18

Spouse Parent w/Child under 18

Sibling Adult Child

Sibling Adult Child

Ethnicity (Please check one):

Ethnicity (Please check one):

African American Asian

African American Asian

Hispanic White

Hispanic White

Native American Other

Native American Other

This is an open door membership

This is an open door membership