

# Membership Form

Please Join Us!

I understand that by becoming a member of NAMI North Carolina, I automatically become a member of the local affiliate serving my community and NAMI National. I also understand that my membership information will be provided to both NAMI National 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 \_\_\_\_\_

I will automatically become a member of the closest Affiliate unless I specify another Affiliate I would like to join:

\_\_\_\_\_

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

In addition to the individual membership options, NAMI NC 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 National, State, and local organizations. 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**

(Please check one option)

Regular Individual Membership \$40

OR

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

OR  **HOUSEHOLD MEMBERSHIP \$60**

Additional Member Names/E-mail for Household Membership:

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

In addition to my membership dues, I would like to donate an additional \$ \_\_\_\_\_

My total payment is \$ \_\_\_\_\_

Where did you hear about NAMI?

\_\_\_\_\_

**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 \_\_\_\_\_