



nami

National Alliance on Mental Illness

Alameda County South

Name: _____

Telephone: (_____) _____ - _____

Address: _____

City: _____ Zip Code: _____

Email: _____

New members, please tell us briefly how you heard about NAMI:

Check only one membership choice:

Standard Membership	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	\$35.00
Open door membership*:	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	\$3.00

*Financial need, Same privileges as Standard Membership

I am making an additional donation of: _____

- MoD (Mentor on Discharge) Program (Local Affiliate Program)
- NAMI ACS General Fund (NAMI Signature Programs)

Please make check payable to:

NAMI ACS

Mail to:

NAMI Alameda County South
PO Box 7302
Fremont, CA 94537

NAMI Annual Membership: Obtaining a NAMI membership gives you membership in our local NAMI affiliate, NAMI California, and NAMI National.