



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:

- | | | | |
|------------------------|------------------------------|----------------------------------|---------|
| Household Membership | <input type="checkbox"/> New | <input type="checkbox"/> Renewal | \$60.00 |
| Standard Membership | <input type="checkbox"/> New | <input type="checkbox"/> Renewal | \$40.00 |
| Open door membership*: | <input type="checkbox"/> New | <input type="checkbox"/> Renewal | \$5.00 |

*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.