

NAMI-McHenry County Membership Application

Name _____ Date _____

Address _____

City/State/Zip _____

Home Phone _____ Alternate Phone _____

Email _____

I am interested in becoming a volunteer. Please contact me.

As a member of NAMI, you will be enrolled in the National, State, and Local NAMI organizations, and will receive an annual subscription to all three news publications.

This membership is:

New

Renewal

Enclosed are my membership dues for:

Family Membership: \$35.00

Consumer (recovering from mental illness): \$5.00

Association/Professional: \$50.00

Name of organization _____

I do not wish to be included on the membership rolls, but please accept a donation.

My check for \$_____ is enclosed

I am unable to pay at this time, but wish to be a member of NAMI McHenry County.

Thank you for your support. Your contribution to NAMI is tax deductible.

Please mail this form to:

NAMI-MC, P. O. Box 1391, Crystal Lake Ill. 60039

