



National Alliance on Mental Illness

nami | Tri-Valley

Annual Membership Application

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

E-mail _____

<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL
<input type="checkbox"/> REGULAR (PER PERSON): \$40
<input type="checkbox"/> HOUSEHOLD: \$60
<input type="checkbox"/> OPEN DOOR: \$5
<i>The Open Door rate is available to those whose economic circumstances require it, and entitles you to the full rights and privileges of NAMI membership.</i>

Donation

\$_____ In Memory Of: _____

\$_____ In Honor Of: _____

Membership dues are tax deductible renewable 12 months from initial application. Membership entitles you to receive NAMI Tri-Valley Newsletter *Brainstorm* and NAMI National *The Advocate*. Tax I.D.# 72-1610675.

Volunteer and make a major difference in the lives of those affected by mental illnesses.

Please send this application form with your check payable to:

NAMI Tri-Valley
P. O. Box 5563, Pleasanton, CA 94566