



nami

National Alliance on Mental Illness

**Western
Riverside**

MEMBERSHIP APPLICATION

Your membership is important to the work before us. We invite you to be a part of our efforts.

As a member of NAMI Western Riverside County you will:

- ✓ Provide support groups for struggling family members
- ✓ Bring people the facts about brain disorders
- ✓ Teach coping and communication skills to caregivers and families
- ✓ Affect important legislation dealing with mental illness
- ✓ Be a part of major policy discussions
- ✓ Improve the lives of those suffering from devastating illness

Membership benefits:

- Membership in the local affiliate, NAMI Western Riverside, NAMI California and NAMI national.
- Eligibility to vote in all NAMI elections
- A subscription to The Advocate, NAMI’s quarterly magazine, as well as access to optional subscriptions to specialty newsletters and information at the national, state and local levels.
- Member discounts on brochures, videos, promotional items and registration at NAMI National’s annual convention and many state and local conferences.

Please select a Membership type:

Yes I want to: **Join NAMI** or **Renew Membership**

Regular Membership \$35.00 \$3.00 (Open Door) Donation \$ _____

Credit card payments and donations may also be made online at www.nami.org

All members receive the same benefits. NAMI membership is valid for one year.

Primary Member

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Mail to: **NAMI Western Riverside County
P.O. Box 4145
Riverside, CA 92514**

To Pay by Credit Card go to www.nami.org (Please choose: Western Riverside County Affiliate)

For Office Use Only: Check Cash Total Amount: _____ Date: _____ Rec’vd by _____