

Benefits of Membership

- Voting privileges with NAMI Sacramento and NAMI California
- NAMI Sacramento newsletter (10 issues per year)
- NAMI Sacramento *members only* e-mail announcements
- NAMI California membership, voting privileges and e-news
- NAMI National membership, voting privileges and subscription to *The Advocate*.
- Reduced cost of NAMI National events
- Access to the *members only* sections of the NAMI National website (www.nami.org)
- Being part of a well-known and well-respected advocacy organization

Annual Dues

- \$35 Standard Membership (includes up to 4 members of a household or business)
- \$3 Open Door (Limited Income) Membership

NAMI Sacramento Membership Form

Please join us in our commitment to improving the lives of people with mental health challenges in the Sacramento area.

Either detach and mail in this form, or join or renew online at www.namisacramento.org/membership

Collecting this information helps us to serve our members better. Your information is treated confidentially and will never be shared outside of NAMI. Please print clearly.

Name: _____

Address/City/Zip: _____

(circle one)

Home/Work/Cell Phone: _____

Email: _____

Your relation to the individual with mental illness:

- I have a mental health challenge
- Family member
- Friend
- Professional
- Decline to state

Ethnicity:

- Asian
- African/Black
- Hispanic/Latino
- Caucasian/White
- Other _____
- Decline to state

Primary diagnosis of the individual with health challenge:

- ADHD
- Bipolar disorder
- Dual diagnosis
- Major depression
- OCD
- Panic disorder
- PTSD
- Schizophrenia
- Unknown
- Other _____
- Decline to state

If you are a family member, please enter your family relation to the Individual with mental illness:

Membership type:

- Standard, \$35
- Open Door, \$3 (limited income)

Newsletter preference:

- E-mail
- Postal mail
- Both
- Don't send

You can help! **Volunteer** with NAMI Sacramento:
 Please contact me about volunteer opportunities

Please consider an additional donation:

- \$100 or more
- \$50-\$99
- up to \$50

Make checks payable to **NAMI Sacramento** or complete the information below to use your Visa or MasterCard.

Card Number _____ - _____ - _____ - _____ Expiration Date _____

Print Name on Card _____ Total Amount \$ _____

Signature _____ Today's Date _____

Mail to NAMI Sacramento, 3440 Viking Drive, Suite 104A, Sacramento, CA 95827-2844.

NAMI Sacramento thanks you for your support. Your donations directly help those with mental illness.