

Benefits of Membership

- Membership with Sacramento, California and National organizations & newsletters
- Voting privileges with NAMI Sacramento and NAMI California
- NAMI Sacramento *members only* e-mail announcements
- NAMI California membership, voting privileges and e-news
- Reduced cost of NAMI National events
- Being part of a well-known and well-respected advocacy organization

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
 PTSD
 Schizophrenia
 Unknown
 Other _____
 Decline to state
 Panic disorder

If you are a family member, please

enter your family relation to the Individual with mental illness:

Membership type:

- Regular, \$40
 Open Door, \$5
 Household, \$60

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 Contribution: _____

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 _____