



Benefits of Membership

- Membership with Nevada County, California and National organizations & newsletters
 - Voting privileges with NAMI Nevada County and NAMI California
 - Reduced cost of NAMI National events
- Being part of a well-known and well-respected advocacy organization

Print this form and send it with your check for membership or donation.

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

Primary diagnosis of the individual with health challenge:

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

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

Membership type:

- Household, \$60
- Regular, \$40
- Open Door, \$5
- Please consider an additional Contribution: \$ _____

Donation in honor or memory of: _____

Make checks payable to: NAMI Nevada County

Mail to: PO Box 1313, Grass Valley, CA 95945

NAMI Nevada County thanks you for your support.