**NAMI MN/Grand Rapids Area
Membership form**

 **\_\_\_\_YES, I want to become a member or renew my membership to NAMI Grand Rapids Area, NAMI Minnesota and NAMI National.  As a member I help NAMI further its work in education, support, advocacy and research on behalf of those who live with mental illnesses, their families, and those who provide services to them.**

 **Enclosed are my annual dues. (Please check one.)
\_\_\_\_\_  Household Membership - $60
\_\_\_\_\_  Regular Membership - $40
\_\_\_\_\_  Open Door Membership - $5**

 **Please Print Clearly

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   State:\_\_\_\_\_\_\_    Zip:\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (Please Specify Work, Home, or Cell Phone)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: If your contribution is larger than the specified dues, indicate where you would like your additional money to go. (Please check one):**

**\_\_\_\_\_ NAMI Grand Rapids Area (Local Affiliate)
\_\_\_\_\_ NAMI Minnesota (State Office)**

 **Please make your check payable to "NAMI" and mail it with this completed form to:**

 **NAMI Minnesota - Attn: Grand Rapids Area Membership
1919 University Ave. W, Suite 400, St. Paul, MN 55104
Telephone: 651.645-2948**