

# Membership Form

NAMI Champaign County is a non-profit, self-help, organization. If you would like to become a member or renew your membership, please fill out this form and return it with the appropriate membership dues. Members of NAMI get the NAMI Advocate, the NAMI-IL and local newsletter, as well as access to our lending library. Mail to: NAMI-Champaign P.O. Box 1514 Champaign, IL 61824

**I would like to:**

Become a member of NAMI

Family/Professional (\$35)    Consumer (\$3)    Department (\$250)    Organization (\$1,000)

Change my contact information    Renew my membership

Sign up for the mailing list    Remove my name from the mailing list

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**I would like to support NAMI-Champaign County in continuing important work in the community.**

**I am enclosing a tax deductible donation of \$**\_\_\_\_\_.

**(Please make checks out to NAMI-Champaign County and mail to P.O. Box 1514, Champaign, IL 61824)**