

NAMI Austin Membership Form

NAMI Austin is a 501(c)(3) nonprofit organization. Annual dues includes membership in the National Alliance on Mental Illness - Austin, NAMI Texas, and NAMI National, with subscriptions to each of their newsletters. Thank you for your support!

Voting Member: _____

Address: _____ Suite/Apt.# _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Other Phone: _____ E-mail: _____

Employer (*used to seek matching funds*): _____ Today's Date: _____

New Membership? yes no If renewal, please include Member ID # (*found on mailing label of newsletter*): _____

Please indicate Membership Type: Regular \$35 Open Door (reduced dues for consumers) \$5

Please indicate Contribution Type: *Your contribution is tax deductible above the \$35 membership dues.*

Advocate: \$50 Champion: \$100 Patron: \$300 Benefactor: \$500 In Memory of _____

Membership Amount \$ _____ + Additional Contribution \$ _____ = Total Amount Enclosed \$ _____ Check No. _____

I'd like to help by occasionally donating my time and skills to assist NAMI Austin. Please call me or e-mail me.

Please send me additional information about: Family-to-Family Education Classes Visions for Tomorrow Education Classes

Family Connections Education Classes Schizophrenia Severe Depression Bipolar Disorder Obsessive/Compulsive Disorder

NAMI Connections Consumer Support Group "In Our Own Voice" Consumer Presentations Volunteer/Advocacy Opportunities

Make checks payable to *NAMI Austin* and mail with membership form to NAMI Austin, c/o Membership, PO Box 302398, Austin, TX 78703.