NAMI Northside Atlanta

www.naminorthsideatlanta.com

Membership Application

* Name: _____

* Address: _____

* City/State/Zip: _____

County: _____

* E-mail: _____

* Phone: * (H) _____ (W) _____ (C) _____

* = Information required to properly set up your membership

How did you hear about/find NAMI Northside Atlanta? Website/Friend/NAMI GA/NAMI National/Other (how?)

_____

All NAMI Northside Atlanta members receive local, national & state newsletters & are affiliated with NAMI National & NAMI Georgia.

_____ $ 30	Membership (Family/Individual)	1 Year
_____ $ 60	Membership (Family/Individual)	2 Years
_____ $ 3	Membership (Limited Income/Consumer)	1 Year
_____ $___	Additional Contribution	

_____ Please contact me about ways I can help/volunteer.

Make checks payable to:

NAMI Northside Atlanta
Attn: Membership Dues
P. O. Box 467985
Atlanta, GA 31146

NAMI is a non-profit organization under
Internal Revenue Code section 501(c)(3)
Donations are Tax Deductible-Federal Tax ID #58-1651701

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