



nami

National Alliance on Mental Illness

Southern Maryland St. Mary's - Charles - Calvert

Affiliate # _____	Affiliate Name: <u>NAMI Southern Maryland</u>
Name of Person Completing Form: _____	
Date: _____	Daytime Phone: _____
<i>(For Affiliate Use Only)</i>	

Member Information: Prefix (Mr.; Mrs.; Ms; Dr.; other) _____

Name: _____
First Middle Last

Annual Membership:
Open Door/Limited Income (\$3.00) _____ *Student (\$10.00)* _____
Basic (\$30.00) _____ *Professional (\$50.00)* _____
Agency/ Organization (\$75.00) _____

Address: _____
Street

City State Zip Code

Phone #: _____
Home Work

Cell

Email address: _____

OPTIONAL: Is there any other info you would like NAMI SoMD to have (for example: spouse's name; family member with SMI; areas of volunteer or NAMI program interest; other)?

Mail application to NAMI Southern Maryland, P.O. Box 25, Lexington Park, MD 20653

NAMI Southern Maryland • P.O. Box 25 • Lexington Park, Maryland 20653
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