

# NAMI Dubuque Membership Application

## MEMBERSHIP INFORMATION

*Yes, I wish to become a member of NAMI-DUBUQUE*

Family/Individual—\$25 (Due yearly on or  
Consumer—\$3 before *February 1*)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Mail this with payment to: NAMI-DUBUQUE

PO Box 3398

Dubuque, IA 52001-3398