



## Membership Application

New Member Application

Renewing Member Application

### NAMI Lake County Members will receive:

- Quarterly NAMI national publication, ***NAMI Advocate***
- Monthly ***NAMI Lake County News*** newsletter
- Notification of NAMI Lake County Board of Trustees Meetings
- Invitations to attend NAMI Lake County events/programs
- Invitations to become part of NAMI Lake County activities

### NAMI Memberships (and Donor Recognitions) are for one year:

Individual \$25  
  Family \$35  
  Professional \$50  
  Open Door (Consumers) \$5  
 NAMI Sponsor  
  Donation \$ \_\_\_\_\_ (names listed in each NAMI News)

### Your Contact Information:

Date of Application: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Demographics: (The following sections are optional)

in order to better serve underrepresented or marginalized groups of people. NAMI has adopted the following categories to collect demographic information.

Relationship: Please check all that apply

<input type="checkbox"/>	Client/Consumer	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Parent
<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Other Relative	<input type="checkbox"/>	Friend
<input type="checkbox"/>	Professional	<input type="checkbox"/>	Other	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Race/Ethnicity:

<input type="checkbox"/>	African American	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Biracial
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Somali	<input type="checkbox"/>	Caucasian
<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

**Talents, Interests, Strengths You Are Willing To Share (✓):**

<input type="checkbox"/>	Accounting, Financial	<input type="checkbox"/>	Medical Field	<input type="checkbox"/>	Event Planning/Administration
<input type="checkbox"/>	Advertising/Promotion/P-R	<input type="checkbox"/>	Mental Health Field	<input type="checkbox"/>	Teaching/Presenting
<input type="checkbox"/>	Legal Advice	<input type="checkbox"/>	Bylaws and Policies	<input type="checkbox"/>	Volunteer (office setting)
<input type="checkbox"/>	Fund-Raising/Funding Projects	<input type="checkbox"/>	Creating Print Media	<input type="checkbox"/>	Volunteer (phone mentoring/calls)
<input type="checkbox"/>	Writing/Communications	<input type="checkbox"/>	Websites and Internet	<input type="checkbox"/>	Board of Trustee Experience
<input type="checkbox"/>	Computer Data Entry	<input type="checkbox"/>	Grant Writing	<input type="checkbox"/>	Other:

**Thank you for your generous support of NAMI!!**

Make check payable to **NAMI of Lake County** and mail to **NAMI 5930 Heisley Road, Mentor, OH 44060.**  
Do not send cash; NAMI Lake County does not accept credit cards. Your cancelled check will be your receipt.  
If you have any questions, contact the NAMI Lake County office at (440) 639-1200.