

# NAMI Rochester

## Membership Application / Renewal Form

Yes!  /  we want to join (or rejoin) NAMI Rochester and *receive information* from local, state, and National NAMI.

I/we would like to *get involved* in local NAMI activities in the following ways (optional / check all that apply):

<input type="checkbox"/> Tell friends about NAMI (word of mouth) <input type="checkbox"/> Distribute brochures and literature <input type="checkbox"/> Help with monthly meetings <input type="checkbox"/> Help out in the office <input type="checkbox"/> Help out on a specific event or project <input type="checkbox"/> Serve on a committee <input type="checkbox"/> Facilitate support groups or classes <input type="checkbox"/> Give presentations <input type="checkbox"/> Serve on the board of directors <input type="checkbox"/> <i>Other</i> _____  <input type="checkbox"/> <i>Approximate time available</i> (check one): ___ hours / <input type="checkbox"/> event   <input type="checkbox"/> month   <input type="checkbox"/> week <i>(Note: This is not a commitment—it is just for us to use for planning purposes.)</i>	<b>Areas of interest / expertise:</b> <input type="checkbox"/> Advocacy for individuals <input type="checkbox"/> Business development <input type="checkbox"/> Criminal justice (courts) <input type="checkbox"/> Communications <input type="checkbox"/> Cultural competence <input type="checkbox"/> Fundraising <input type="checkbox"/> Grant writing <input type="checkbox"/> Legislative issues <input type="checkbox"/> Programs <input type="checkbox"/> Public speaking <input type="checkbox"/> System advocacy <input type="checkbox"/> <i>Other interests/expertise:</i> _____
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I/we would like information on:

 Advance Directives / Crisis Planning  
 Anxiety disorder  
 Bipolar disorder  
 Chemical Dependence (Addictions)  
 Criminal Justice  
 Crisis Services  
 Depression  
 Medication  
 OCD  
 Schizophrenia  
 Suicide Prevention  
 WRAP / Wellness Planning  
**NAMI Education Programs**  
 Family to Family (12 week)  
 Provider Education (10 week)  
 In Our Own Voice (consumer presentation)  
 Parents and Teachers as Allies (educator, provider, family, consumer panel)  
*Other* \_\_\_\_\_

About me/us (optional / check all that apply):

<b>Relation to Consumer</b> (check all that apply): <input type="checkbox"/> Self <input type="checkbox"/> Adult offspring <input type="checkbox"/> Friend <input type="checkbox"/> Parent of adult <input type="checkbox"/> Parent w/child (under 18) <input type="checkbox"/> Professional <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse  <b>Age</b> (check one): <input type="checkbox"/> <18 <input type="checkbox"/> 19-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-69 <input type="checkbox"/> >70 <b>Gender</b> (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other	<b>Ethnic Background:</b> <input type="checkbox"/> African American <input type="checkbox"/> European <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other
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<b>Membership Level:</b> <input type="checkbox"/> NAMI Angel (\$1000 +) <input type="checkbox"/> Circle of Hope (\$500—999) <input type="checkbox"/> Benefactor (\$250-499) <input type="checkbox"/> Sustaining Member (\$100-249) <input type="checkbox"/> NAMI Friends (\$36-99) <input type="checkbox"/> Open Door (\$0—for those with limited income)	<b>Extra Contribution:</b> <input type="checkbox"/> Gift membership (\$36-99)  <input type="checkbox"/> Scholarship for _____ event _____ amount  <input type="checkbox"/> Other _____ amount  <b>Total Membership + Contribution \$</b> _____
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I/we would like to have my name listed in the newsletter as a member or donor  Yes  No

I/we understand that a portion of our membership dues will be shared with our local Rochester affiliate, NAMI NYS, and the National Alliance on Mental Illness (NAMI) national office.

Check one:  New Membership  Renewal

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE/S: \_\_\_\_\_

EMAIL/S: \_\_\_\_\_

Best method to contact you:  E-Mail  Home Phone  Cell Phone  Office Phone  Regular US Mail

How did you learn about NAMI?  Family  Professional  Friend  Presentation  Brochure  Other \_\_\_\_\_

Have you attended a NAMI meeting, workshop, or event? \_\_\_ Yes \_\_\_ No

If yes, where did you attend? \_\_\_\_\_ If no, has your only contact been by phone? \_\_\_ Yes \_\_\_ No

Is English your preferred language? \_\_\_ Yes \_\_\_ No | If no, what language do you prefer? \_\_\_\_\_