

# NAMI South Dakota Membership Dues Form

Membership payment includes spouse (include name if you wish)

NAME \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_

ADDRESS \_\_\_\_\_

County, City, State, Zip \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

- Please send my NAMI South Dakota newsletter via email to help control costs and save the environment.
- Please keep me informed via email of news and issues as they arise.

NAMI SD and Local affiliates depend upon donations as a resource to pay program expenses during the year. Please consider this as you renew your membership or join for the first time. Your help is needed.

I enclose membership dues for **NAMI** (National, State and Local) as:

- a **consumer or family** member of someone who has a mental illness (**circle one**) (\$35.00)
- a **non-family, non-consumer, friend, or professional** member (**circle one**) (\$35.00)
- an **organization** member (-non-voting membership for organizations only) (\$50.00)
- Open Door Membership** (for persons with a limited income) (\$3.00)

I want to become a member of the **Consumer Council** (individual with a mental illness)- no dues are collected; the Consumer Council serves as an advisory group to the NAMI South Dakota board of directors

I am enclosing a **donation** to the efforts of **NAMI SD** in the amount of \$ \_\_\_\_\_

For listing in our state newsletter: This gift is in memory of OR in honor of (circle one) \_\_\_\_\_

I enclose a **donation** to the efforts of my local affiliate, **NAMI** \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL ENCLOSED : \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

MAIL TO:

**NAMI-SD, PO BOX 88808, Sioux Falls, SD 57109**

Any Questions? Call 1-800-551-2531.