

## MEMBERSHIP APPLICATION

- Individual/Family Membership \$30.00 Annual Dues
- Professional Membership \$40.00 Annual Dues
- Student Membership \$10 Annual Dues
- Open Door Membership  
\$3.00 Individuals and families with limited income  
Are invited to join NAMI at an annual rate of \$3.00
- I want to make a tax deductible donation to  
NAMI Nebraska. Enclosed is my check/money order  
For \$\_\_\_\_\_

NAME \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

### OPTIONAL INFORMATION

I AM A  Consumer  Family Member  Friend

Mental Health Professional  Other

I AM  African American  Asian  Hispanic  Native American

Caucasian  Other

I/we understand that by joining NAMI, our membership dues will be shared with my local affiliate, the state organization, and the national office

**I would be willing to receive my quarterly newsletter *THE VOICE* via email**

Please return this application to:

NAMI Nebraska  
415 South 25th Avenue, Bldg LH  
Omaha, NE 68131