

NAMI SWI Membership Form



(Please Print Legibly)

NAME _____

AGE _____

PARTNER/SPOUSE (if applicable) _____

AGE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

HOME PHONE _____ CELL _____

FAX _____

EMAIL _____

COUNTY _____

JOINED THROUGH:

- Family to Family
- NAMI Basics
- Peer to Peer
- Parents & Teachers as Allies
- In Our Own Voice Presentation
- NAMI Family Support Group
- Connection Support Group
- NAMI Provider Education Program
- Homefront
- Provider Education
- Other _____

RELATIONSHIP TO PERSON LIVING WITH A MENTAL HEALTH CONDITION:

- None Self
- Adult Child Sibling
- Partner Friend
- Professional Parent of Adult
- Parent w/child under 18

ETHNICITY:

- African American
- Hawaiian/Pacific Islander
- Asian
- Hispanic/Latino
- Bi/Multi-Racial
- Native American/Alaskan Native
- Caucasian
- Other _____

RELEASE OF INFORMATION:

- Yes, I would like to receive NAMI SWI mailings.
- Please do not release my name to the general membership.

HOW DID YOU FIND OUT ABOUT NAMI? _____

By becoming a NAMI SWI member, you will receive our quarterly newsletter. If you have email, we will send out a notice when the electronic newsletter (e-newsletter) is available online. The e-newsletter is in color, you can click on the links and be taken directly to that website, and you receive it as soon as it is posted to our website. Receiving the e-newsletter through email is the preferred method because of the features listed above and it is cost-effective. If you do not have email, your black and white newsletter will be mailed to you. It takes at least 7-10 days longer for delivery because it is mailed out in bulk which is a slower delivery. Additionally, when you join NAMI SWI you become a member of the Illinois State and National Organizations at no added cost and you will receive the national magazine, *The Advocate*, which comes out three times a year! Thank you for joining NAMI SWI and remember... "YOU ARE NOT ALONE!!"

MEMBERSHIP TYPE:

- New Membership or Renewal Membership
- \$5 Open Door (for low income)
- \$40 Individual
- \$60 Household (individuals at same address)
Names of individuals covered under Household Membership: _____

HOUSEHOLD INCOME:

- \$0-\$9,999
- \$10,000-\$14,999
- \$15,000-\$19,999
- \$20,000-\$29,999
- \$30,000-\$49,999
- \$50,000-\$99,999
- \$100,000+

NAMI Experience the Revolution

★ ★ ★ ★ ★ JOIN TODAY!

MAKE CHECKS/MONEY ORDERS PAYABLE TO: "NAMISWI"

MAIL TO:

NAMI Southwestern Illinois
2100 Madison Ave., 4th Floor
Granite City, IL 62040-4701

Signature: _____

Date: ____/____/____

