**NAMI MN/Grand Rapids Area  
Membership form**

**\_\_\_\_YES, I want to become a member or renew my membership to NAMI Grand Rapids Area, NAMI Minnesota and NAMI National.  As a member I help NAMI further its work in education, support, advocacy and research on behalf of those who live with mental illnesses, their families, and those who provide services to them.**

**Enclosed are my annual dues. (Please check one.)  
\_\_\_\_\_  Household Membership - $60  
\_\_\_\_\_  Regular Membership - $40                             
\_\_\_\_\_  Open Door Membership - $5**

**Please Print Clearly  
  
Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   State:\_\_\_\_\_\_\_    Zip:\_\_\_\_\_\_\_\_\_\_\_\_  
  
Phone: (Please Specify Work, Home, or Cell Phone)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
      
Note: If your contribution is larger than the specified dues, indicate where you would like your additional money to go. (Please check one):**

**\_\_\_\_\_ NAMI Grand Rapids Area (Local Affiliate)       
\_\_\_\_\_ NAMI Minnesota (State Office)**

**Please make your check payable to "NAMI" and mail it with this completed form to:**

**NAMI Minnesota - Attn: Grand Rapids Area Membership  
1919 University Ave. W, Suite 400, St. Paul, MN 55104  
Telephone: 651.645-2948**