## MEMBERSHIP

NAMI membership demonstrates your continued commitment to bring hope, support and encouragement to individuals and families impacted by mental health disorders, and to raise mental health awareness in our communities.

## **Your Membership Provides:**

- Automatic membership with National, State and Local NAMI affiliate so you stay informed
  of Statewide and National initiatives.
- Support to NAMI state-of-the-art education and support programs in your community
- NAMI SEAZ monthly e-newsletter and *The Advocate*; NAMI National's quarterly publication
- Invitations and announcements to affiliate events.
- Access to the NAMI Resource lending library
- Makes you eligible to vote in all NAMI-related elections.

Date		
I am <b><u>ioinin</u></b>	<b>g</b> NAMI today!	
I am <u>renewing</u> my NAMI membership		
Please enclose/attach Al NAMI Southeastern AZ	•	o dues (cash/check/money order) payable to (select one)
same address\$40 Regular Meml	bership is an indivembership (individ	es all members of a household living at the ridual membership for one person ual, limited income membership)
		<del>-</del>
		Zip
Phone: Email:		
Mail Membership Form and NAMI Southeastern Arizon PO Box 2282, Sierra Vista, (520) 459-3228	a	ENTERED INTO MEMBERSHIP DBASE:ADD FORM COMPLETED, CC: STATE

THANK YOU FOR YOUR SUPPORT!!!