

MEMBERSHIP APPLICATION

When you join, you become a member of your local Affiliate, NAMI Minnesota, and the national organization.

Member benefits:

- •Connect with your local affiliate and others who share similar experiences.
- •Receive the quarterly NAMI Minnesota *Advocate* and the *NAMI Advocate* a news magazine published by the NAMI organization.
- •Receive timely notices on meetings, support groups and public events.
- •Obtain opportunities to participate in local, state, and national grassroots initiatives and legislative advocacy.
- •Enjoy discounted registration to NAMI Minnesota events including our Annual State Conference. Research Dinner and NAMIWalks.
- •Most importantly, be counted among those working to erase stigma about mental illnesses in Minnesota and beyond!

\$60 Household		\$5 Open Door (for Low Income)				
I would like to make an	additional don	ation: \$	5 Addi	tional An	nount	
Member Informatio	n:					
Name						
Address						
City		State		Zip Code		
Phone	E-mail				_	
Method of Payment (circle): Check	Visa	Mastercard	AmEx	Discover	
Credit Card Number		Ехр	Expiration Date			
Signature of Card Holder			CCV	CCV Code		
Please sustain my ann	ual membershi	p by au	tomatically ch	arging m	y card for:	

Please send membership application to:

5 years Until I notify you

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NAMI Minnesota 1919 University Ave W, Suite 400 St. Paul, MN 55104 Toll Free: 1-888-NAMI-HELPS

To join or renew membership online, visit www.namimn.org



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Membership Levels \$60 Household	hip Levels (circle): Household \$40 Individual \$5 Open Door (for Low Income)					
I would like to make ar	n additional don	ation: \$	5 Addi	tional An	nount	
Member Informatio	n:					
Name						
Address						
City		State		Zip Code		
Phone	E-mail					
Method of Payment (circle): Check	Visa	Mastercard	AmEx	Discover	
Credit Card Number		Expiration Date				
Signature of Card Holder		CCV Code				
Please sustain mv anr	ual membershi	b bv au	tomatically ch	arging m	v card for	

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