
Ⓞ Membership Application Ⓞ

Print this form, fill in information and send to address listed below

Yes! I (), We () would like to remain a member of NAMI and participate in local and state NAMI activities.

I (We) would like to participate in affiliate activities in the following ways:

- Want access to information only.**
i.e., receive newsletter, be notified of education programs, receive timely information on new treatments and medications as well as changes in community services.
- Want information and support.**
i.e., would like to receive all of the above as well as participate in a local support group meeting.
- Want all of the above, AND would like to get involved in education, advocacy, or information-referral activities sponsored by the affiliate.**

Please tell us a little bit about yourself~

Would like to receive information concerning:

- Anxiety disorder
- Depression
- Manic depression
- OCD
- Schizophrenia

Relation to Consumer:

- Self
- Adult offspring
- Friend
- Parent of adult
- Parent w/child (under 18)
- Professional
- Sibling
- Spouse

Ethnic Background:

- African American
- Arab
- Asian
- Caucasian
- Hispanic
- Native American
- Other

I/We understand that when joining, our membership dues will be shared by the state organization and the national office.

Membership category:

- Open Door Membership \$ _____ \$ 3.00 or greater
- Individual/Family \$ _____ \$ 25.00
- VIP Organization \$ _____ \$ 150.00

Mailing information:

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____

**Return To: NAMI Scranton
846 Jefferson Ave.
Scranton, PA 18510
Makes checks payable to:
NAMI PA: Scranton**