



## NAMI San Diego - Membership Application

*Let's work together to improve the quality of life for everyone affected by mental illnesses in San Diego.*

**NAMI San Diego  
Attn: Membership  
P. O. Box 710761  
San Diego CA 92171-0761**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Send my newsletter via e-mail \_\_\_\_\_

Dues include membership in and newsletters from NAMI National and NAMI California.

\_\_\_\_\_ \$40.00    Membership    New Member [ ]    Renewal [ ]

\_\_\_\_\_ \$75.00    Professional Member

\_\_\_\_\_ \$100.00    Organizational Member

\_\_\_\_\_ I am requesting scholarship help for my membership  
(contact the Membership Secretary at (619) 584-5564 x 105)

I would like to make an additional contribution of \$ \_\_\_\_\_  
(unless otherwise specified, the first \$40 of any donation is considered membership)

\_\_\_\_\_ Please send me information about other ways I can help.

<p style="text-align: center;"><b>Payment by Check</b></p> <p>Make check payable to <b>NAMI San Diego</b></p>	<p style="text-align: center;"><b>Payment by Credit Card</b></p> <p>[ ] Visa    [ ] MasterCard</p> <p>Name as on Card: _____</p> <p>Card Number: _____</p> <p>Exp. Date: ____/____    Amount \$ _____</p> <p>Signature: _____</p>
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**Donations are Tax Deductible-Federal Tax ID #33-0122462**