



nami

National Alliance on Mental Illness

**Miami-Dade
County**

NAMI Membership Application

I wish to join NAMI Miami Dade County

_____ I would like to join as a new member.

_____ I would like to renew my annual membership.

- Regular membership dues (\$35)**, includes local, state, and national dues.
- Open Door membership dues (\$3)**, includes local, state, and national dues. Open Door membership is available for students, those with lower incomes, 2nd family memberships or those with mental health issues.

VOTING MEMBER NAME: _____

RELATED INDIVIDUAL NAME (NON-VOTING): _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

Please return this form and a check made payable to:

NAMI Miami-Dade County, P.O. Box 430230, South Miami, FL 33242

I would like to make a donation to NAMI of Miami/Dade so that they can continue supporting local people with mental illness and their families.

If your Company offers a Matching Gift Donation, please include those forms when you send your donation.

Visit us on the web at <http://namiofmiami.org>

Contact us at 305-665-2540 (not a crisis line) or 786-308-9680 en Español