

MEMBERSHIP APPLICATION

(Includes membership in: NAMI CC&I, NAMI Massachusetts and NAMI (National))

ONLINE: Go to: www.nami.org (for dues only - see reverse side regarding donations)

REGULAR MAIL: Use This Form to JOIN or RENEW

Name(s): _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____ E-Mail: _____

Circle One: JOIN RENEW

___ \$35.00 Individual Regular Membership \$ _____

___ \$3.00 Open Door Membership (for those with limited income) \$ _____

___ I wish to make an additional tax-deductible donation to
NAMI Cape Cod & the Islands:
\$10 \$25 \$50 \$100 Other: \$ _____ \$ _____

My Donation is in Honor of/Memory of (circle one):

TOTAL ENCLOSED: \$ _____

Please make check payable to
"[NAMI Cape Cod & The Islands](#)" and mail to 5 Mark Lane, Hyannis, MA 02601

Credit Card # _____ M/C Visa Amex Disc
Expiration: _____

Authorization Signature: _____

___ I wish to VOLUNTEER - Please contact me about how I can help