

Mail to:

NAMI Membership, P.O Box 464053, Lawrenceville GA 30042 (with check or money order made out to **NAMI Gwinnett Inc**) or **give to any Board of Director**

NAMI GWINNETT

MEMBERSHIP: Household \$60 (more than 2 individuals) ____

Family \$40 (2 individuals) ____ Open Door \$5 (1 individual) ____

NAMI Membership exists at 3 levels: Affiliate, State & National. NAMI is a 501 (c) (3) non-profit, charitable organization—contributions are tax deductible to the fullest extent allowed by law.

I'd like to support NAMI Gwinnett with a donation of
__ \$25 __ \$50
__ \$100
__ \$other

New Join ____ Date _____ Renewal ____ Date _____

Name (1st member) _____

Name (2nd member) _____

Name (3rd member) _____

Name (4th member) _____

Address: _____

City/State: _____

Zip: _____

Phone: _____

Email: _____ (please list additional

Email accounts and which member they belong to on back of form)

(If additional space is needed please use back of form, please "print" clearly)

(Questions please contact Larry Cobb at lgcobb@travelers.com)

Members are NAMI's lifeblood: your joining helps us continue to provide outreach, support & education. In bringing mental health issues to wider attention, we advocate for better treatment. As our membership base

