



NAMI Austin Membership Form

NAMI Austin is a 501©(3) nonprofit organization. Your annual dues include membership to the National Alliance on Mental Illness (NAMI) as well as NAMI Austin and NAMI Texas. Your membership is a sign of your commitment to our mission of improving the lives of all persons affected by serious mental illness by providing support, education and advocacy through a grassroots network.

Today's date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____

Email address: _____

Employer: _____

Membership type:

- New membership Membership renewal
 Individual \$35 per year Open Door \$3 per year

In support of NAMI Austin in providing education, support and advocacy for families and individuals living with mental illness, I'd like to make a donation as well. I understand that this donation (but not the membership dues) is tax deductible. I'd like to support NAMI Austin at the following level:

- Advocate \$50 Champion \$100 Patron \$300 Benefactor \$500
 Other _____ **TOTAL AMOUNT ENCLOSED** (membership + donation) \$ _____
 Cash Check number _____ Please do not publish my name and donation.

I would like to make my donation in honor or in memory of:

I would like to support NAMI Austin by sharing my time and skills to assist the organization in achieving its mission. Please call me email me about volunteer opportunities. I am especially interested in helping with: _____

Please send me additional information about the following NAMI signature courses, activities and events:

- Family-to-Family Classes Peer-to-Peer Classes Family Support Group Peer Support Group
 Basics Classes Parents & Teachers as Allies Provider Education In Our Own Voice
 Ending The Silence NAMI Walks Advocacy

Make checks payable to NAMI Austin and mail membership form and payment to:

NAMI Austin, ~ P.O. Box 302398 ~ Austin Texas 78703