

## Annual Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

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

NEW       RENEWAL

- |  |
|--|
| <input type="checkbox"/> GENERAL: \$35<br><input type="checkbox"/> CONSUMER: \$15<br><input type="checkbox"/> PROFESSIONAL: \$45 |
|--|

### Donation

\$ \_\_\_\_\_ In Memory Of: \_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_ In Honor Of: \_\_\_\_\_  
\_\_\_\_\_

Annual membership dues are tax deductible and renewable 12 months from initial application. Membership entitles you to receive NAMI Tri-Valley Newsletter *Brainstorm*, NAMI California publication *The Connection* and NAMI National *The Advocate*. Tax I.D.# 72-1610675.

Volunteer and make a major difference in the lives of those affected by mental illnesses.

*Please send this application form  
with your check payable to:*

NAMI Tri-Valley  
P. O. Box 5563  
Pleasanton, CA 94566