

**Annual Membership Application
NAMI Tri-Valley**

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

General \$35

Consumer \$15

Professional \$45

\$_____ In Memory Of: _____

\$_____ In Honor Of: _____

Membership dues are tax deductible. Membership entitles you to receive NAMI Tri-Valley Newsletter "Brainstorm", NAMI California publication "*The Connection*" and NAMI National "*The Advocate*".

Send this application form with your check payable to:

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