

NAMI SOUTH BAY MEMBERSHIP APPLICATION

Please check your membership type:

_____ *Individual Membership \$35.00

_____ *Client \$3.00

_____ NAMI South Bay newsletter only (for non-members) \$15.00

*Members receive the South Bay NAMI, California NAMI, and National NAMI newsletters.

Donation Amount (optional) _____

Total Enclosed _____

Make check payable to and mail to NAMI South Bay, P.O. Box 5295, Torrance, CA 90510

Name _____ Phone (home) _____

Street _____ Phone (work) _____

City, State, Zip _____ Date: _____

Email Address _____

The following information is optional and confidential. It will be forwarded to the State and National offices for statistical purposes only:

Age of ill person _____ Relationship _____

Diagnosis _____ Ethnic Group _____

We are always in need of volunteers. By choosing one or two you are helping South Bay NAMI grow strong.

- () NAMI ABLE Office () Membership () Fund Raising () Public Relations
- () Hospitality () Publicity () Program () Religious Outreach () Legislation
- () Family to Family Teacher () Palos Verdes Resale Thrift Shop () Other