

Mail to:

NAMI-CT, Inc.  
241 Main Street, 5<sup>th</sup> Floor  
Hartford, CT 06106

Yes I would like to be a part of NAMI-CT.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

I would like to join NAMI-CT at this level:

- |  |          |
|--|----------|
| _____ Individual/Family Membership...<br>Family members/friends/supporters of and those living with mental illness | \$35.00  |
| _____ Open-Door Membership<br>For those with limited financial means   | \$3.00   |
| _____ Professional Supporter...<br>Includes annual membership for one individual                                   | \$60.00  |
| _____ Agency Champion...<br>Includes annual membership for one individual  | \$125.00 |

I would like to make an additional contribution of \$ \_\_\_\_\_ toward the work of NAMI-CT.

In honor of \_\_\_\_\_ or

In memory of \_\_\_\_\_

**We are a private, nonprofit organization which depends on membership dues, grants and your generous contributions to fund our important work. All contributions are tax deductible.**