

NAMI La Crosse County Membership Form

NAMI La Crosse County is a 501(c)(3) nonprofit organization. Annual dues include membership in the National Alliance on Mental Illness – NAMI La Crosse County, NAMI Wisconsin, and NAMI National, with subscriptions to each of their newsletters. Thank you for your support!

Name(s): _____

Address: Suite/Apt.# _____

City: State: ZIP: _____

Home Phone: _____ Other Phone: _____

E-mail: _____

New Membership? yes no

Please indicate Membership Type: Individual \$35 Family \$35 Open Door (reduced dues for consumers) \$5

Please indicate Contribution Type: *Your contribution is tax deductible above the \$35 membership dues.*

Supporter: \$50 Sponsor: \$100 Patron: \$300 Benefactor: \$500

In Memory of _____

Total Amount Enclosed \$ _____ Check No. _____

I'd like to help by occasionally donating my time and skills to assist NAMI La Crosse County. Please call or e-mail me.

Please send me additional information about: NAMI Family-to-Family Education Classes

NAMI Basics Education Classes

NAMI Family-to-Family Support Group

Make checks payable to *NAMI La Crosse* and mail with membership form to NAMI La Crosse County, c/o Membership, PO Box, 595 La Crosse, WI 54602.

Questions? Call the NAMI La Crosse at (608) 784-7532.