NAMI Gulf Coast
National Alliance on Mental Illness

409-944-4328 281-585-3100 888-554-2264 www.namigulfcoast.org PO Box 4096, Alvin, Texas 77512

2014 Membership Application

Paying membership dues to NAMI Gulf Coast allows you become a member of your local chapter, as well as NAMI Texas and NAMI National. Through membership, you receive:

NAMI Gulf Coast Services:

- **Local chapter support meetings**
- **Education classes**
- **Support calls and referrals**
- **Peer Support Programs**

Membership Benefits:

- **Membership in the local affiliate, state organizations and NAMI national organizations.**
- **Eligibility to vote in all NAMI elections**
- **A subscription to *The Advocate*, NAMI's quarterly magazine, as well as access to optional subscriptions to specialty newsletters and information at the national, state and local levels.**
- **Member discounts on brochures, videos, promotional items and registration at NAMI National's annual convention and many state and local conferences.**

Please note *NAMI National*, *NAMI Texas* and *NAMI Gulf Coast* are affiliated, but operated by separate boards and on separate budgets. Memberships or donations made to *NAMI Gulf Coast* are local investments that provide support in Galveston and Brazoria counties. Memberships or donations made to *NAMI Texas* or *NAMI National* will support state or national levels of advocacy.

NAMI Gulf Coast needs you!

_____ **$35 Single Membership Fee (receives one vote)**

_____ **$75 Organization/Corporate Membership Fee (receives one vote)**

_____ **$3 Open Door Membership (Hardship - receives one vote)**

Name_____ **Date of application** _____

Address _____**City**_____ **State** _____**Zip code** _____

Home phone _____ **Work phone**_____ **Email** _____

_____ **Please initial to include your name, telephone number and email address in a group support list shared with NAMI GC families in need of support.**

Would you like to receive the NAMI GC newsletter monthly? ***Please circle one:*** **EMAIL U.S. MAIL NO, thanks.**

In addition to becoming a member, I wish to make a donation of: ***Circle one:*** ***$5 $10 $15***

_____ ***Please initial*** ***or enter amount:*** ***$***_____

For Office Use Only: Method of Payment _____ #_____ Date of Payment _____ Amount _____
TY _____ GCDB _____ NAMI360 _____ Exp date _____

Please mail completed application to **PO Box 4096, Alvin, Texas 77512**

Revised 12.12.13