



National Alliance on Mental Illness



Join Today



Annual Membership Form

All dues and donations are tax deductible. Membership includes annual dues to NAMI Metropolitan Houston, NAMI Texas, and NAMI National, plus newsletters.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ COUNTY: _____

HOME PHONE: (____) ____-_____ WORK PHONE: (____) ____-_____

EMAIL: _____

Do you want to receive your NAMI Metropolitan Houston newsletter electronically? YES NO

Membership Status: NEW RENEWAL

Individual or Family (\$35.00) \$_____

Limited Income (\$5.00) \$_____

Professional (\$50.00) \$_____

Supporter (\$100.00) \$_____

Additional Donation \$_____

Donation In Memory/Honor of: \$_____

_____ TOTAL \$_____

NAMI Metropolitan Houston, P.O. Box 66270, Houston, TX 77266-6270

When you join NAMI Metropolitan Houston, you may designate a chapter where you attend meetings:

- Bay Area (Baytown, Clear Lake, Southeast Houston/Harris County)
- Central (Bellaire, Central Houston, Medical Center, Southwest Houston/Harris County))
- Northeast (Humble, Kingwood, Northeast Houston/Harris County)
- Northwest (Cypress, Spring, Tomball, Northwest Houston/Harris County)

Please check all that apply:

- I am a consumer of mental health services.
- I am a parent of an adult who has mental illness.
- I have a minor child who has mental illness.
- I have a sibling who has mental illness.
- I have a spouse who has mental illness.
- I have a parent who has mental illness.
- I have a friend who has mental illness.
- I am a professional care provider.
- Other