

# Join NAMI Today!

## 2011 Family Membership Form -- NAMI Wake County

Number in household represented by membership: \_\_\_\_\_

Name: \_\_\_\_\_ Membership \$35.00

Address: \_\_\_\_\_ Donation \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Total \$ \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

We want EVERY FAMILY to belong to NAMI. If you cannot afford our dues we offer membership beginning at \$3 or whatever more you can afford.

Please check this box if we may share your email with NAMI NC: \_\_\_\_\_

We are all volunteers. Please check this box for our volunteer coordinator to call: \_\_\_\_\_

NAMI Wake County is a qualified 501(c)(3) organization.

The total you send us is fully tax deductible to the extent of the law.

Relationship to Consumer	Race (Please check all that apply)
<input type="checkbox"/> Adult child of person with MI diagnosis	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Person with a MI diagnosis	<input type="checkbox"/> Asian American
<input type="checkbox"/> Parent of adult with MI diagnosis	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Parent of child under 18 with MI diagnosis	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Mental Health Professional	<input type="checkbox"/> White or Caucasian
<input type="checkbox"/> Sibling of person with MI diagnosis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Spouse of person with MI diagnosis	<b>Ethnicity</b>
<input type="checkbox"/> Friend <input type="checkbox"/> Person with MI diagnosis is a Veteran	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not

NAMI is a three level organization. When you join NAMI Wake County we pay your dues to NAMI North Carolina and NAMI (national).

You can join online at [www.nami-wake.org](http://www.nami-wake.org) or send your check to:

NAMI Wake County

PO Box 12562

Raleigh, NC 27605-2562